



**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P02000022897</b> 1. Entity Name <b>GLOBE PAINTING OF SARASOTA, INC.</b></div><div style="text-align: center;"></div></div>				<b>Secretary of State</b>																																																																																																																												
<b>Principal Place of Business</b> 3407 DUNBAR DR. SARASOTA, FL 34232		<b>Mailing Address</b> 3407 DUNBAR DR. SARASOTA, FL 34232		<div style="display: flex; align-items: center; justify-content: center;"><div style="margin-left: 10px;">04112005    Chg-P    CR2E034 (10/03)</div></div>																																																																																																																												
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																																																														
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																														
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>4. FEI Number</b> 01-0711690 <div style="display: flex; justify-content: space-between;"><div><b>5. Certificate of Status Desired</b>    <input type="checkbox"/></div><div><b>\$8.75 Additional Fee Required</b></div></div>																																																																																																																												
<b>6. Name and Address of Current Registered Agent</b>  MONVILLE, CAROL LYNN CPA 3737 SOUTH TUTTLE AVE. SARASOTA, FL 34239				<b>7. Name and Address of New Registered Agent</b> <div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border: 1px solid black; padding: 2px;">City</div> <div style="display: flex; justify-content: space-between;"><div><b>FL</b></div><div><b>Zip Code</b></div></div>																																																																																																																												
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>																																																																																																																																
<div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div><small>(NOTE: Registered Agent signature required when reinstating)</small></div><div><b>DATE</b> _____</div></div>																																																																																																																																
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																														
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;"><b>TITLE</b></td><td style="width:70%;"><b>P</b></td><td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td>DITMARS, JEFFREY</td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td>3407 DUNBAR DR.</td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td>SARASOTA, FL 34232</td><td></td></tr><tr><td><b>TITLE</b></td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td><td></td></tr><tr><td><b>TITLE</b></td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td><td></td></tr><tr><td><b>TITLE</b></td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td><td></td></tr><tr><td><b>TITLE</b></td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td><td></td></tr></table>			<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete	<b>NAME</b>	DITMARS, JEFFREY		<b>STREET ADDRESS</b>	3407 DUNBAR DR.		<b>CITY-ST-ZIP</b>	SARASOTA, FL 34232		<b>TITLE</b>		<input type="checkbox"/> Delete	<b>NAME</b>			<b>STREET ADDRESS</b>			<b>CITY-ST-ZIP</b>			<b>TITLE</b>		<input type="checkbox"/> Delete	<b>NAME</b>			<b>STREET ADDRESS</b>			<b>CITY-ST-ZIP</b>			<b>TITLE</b>		<input type="checkbox"/> Delete	<b>NAME</b>			<b>STREET ADDRESS</b>			<b>CITY-ST-ZIP</b>			<b>TITLE</b>		<input type="checkbox"/> Delete	<b>NAME</b>			<b>STREET ADDRESS</b>			<b>CITY-ST-ZIP</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;"></td><td style="width:70%;"></td><td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr><tr><td><b>TITLE</b></td><td></td><td></td></tr><tr><td><b>NAME</b></td><td></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td><td></td></tr><tr><td><b>TITLE</b></td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td><td></td></tr><tr><td><b>TITLE</b></td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td><td></td></tr><tr><td><b>TITLE</b></td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td><td></td></tr><tr><td><b>TITLE</b></td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td><td></td></tr></table>					<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>			<b>NAME</b>			<b>STREET ADDRESS</b>			<b>CITY-ST-ZIP</b>			<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>			<b>STREET ADDRESS</b>			<b>CITY-ST-ZIP</b>			<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>			<b>STREET ADDRESS</b>			<b>CITY-ST-ZIP</b>			<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>			<b>STREET ADDRESS</b>			<b>CITY-ST-ZIP</b>			<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>			<b>STREET ADDRESS</b>			<b>CITY-ST-ZIP</b>		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>																																																																																																																																
<div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: right;"><div style="font-size: 1.5em; margin-bottom: 5px;">4/30/05</div><div style="display: flex; justify-content: space-between;"><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div></div></div>																																																																																																																																