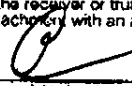


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P02000023614																
1. Entity Name CUSTOM PAINTING "BY GEORGE" INC.																
Principal Place of Business 4650 APPALACHIAN ST BOCA RATON, FL 33428	Mailing Address 4650 APPALACHIAN ST BOCA RATON, FL 33428															
DO NOT WRITE IN THIS SPACE																
04192007 No Chg-P CR2E034 (11/05) 4. FEI Number 27-0005098 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																
6. Name and Address of Current Registered Agent NEUN, GEORGE 4650 APPALACHIAN STREET BOCA RATON, FL 33428		DO NOT WRITE IN THIS SPACE														
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.																
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nesting)																
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees														
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>PRES NEUN, GEORGE 4650 APPALACHIAN STREET BOCA RATON, FL 33428</td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NEUN, GEORGE 4650 APPALACHIAN STREET BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																
SIGNATURE:  George Neun SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR		Apr 25 07 561 Date Daytime Phone #														