2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

NAME STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

May 02, 2008 08:00 AN Secretary of State **DOCUMENT # P02000027158** 1. Entity Name NIPPERS PAINTING, INC. Principal Place of Business Mailing Address % 3930 S ROOSEVELT #107W % 3930 S ROOSEVELT #107W KEY WEST, FL 33040 KEY WEST, FL 33040 04302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3663157 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SENIOR, DAVID 1208 BAY STREET DO NOT WRITE KEY WEST, FL 33040 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. (NOTE: Registered Agent signature required when reinstating) U00000942790 05/29/08-80033-007 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SENIOR, DAVID NAME STREET ADDRESS 1208 BAY STREET CITY-ST-ZIP KEY WEST, FL 33040 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

FILED

SIGNATURE:

12. I hereby certify that the information supplied with this filling 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