FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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| 2. Principal Pi 5468 | ace of Business CHAPPA ROELL 2 | 3. Mailing Address | no poll DR | MERISTATEMENT 03 | • | | |
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| Suite, Apt. | | Suite, Apt. #, etc. | DH EIGHT DI | DO NOT WRITE IN THIS SPACE | 22. | | |
| City & Ştate | | City & State | | 4. FEI Number Applied | 1 For | | |
| ORLA | NdO, FLORIDA | - OPLANdo | FLORIDY | 9 04-364 3039 Not Apr | | | |
| 3283 | 9 Country ORANGE | zip 32839 | Country ORAHA | 5. Certificate of Status Desired | | | |
| - ri | • | | Name | 7. Name and Address of Current Registered Agent | ~ | | |
| | DO NOT | MOITE | <i>m</i> | ARVA PLOUGHWRIGHT | | | |
| DO NOT WRITE | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) 5468 CHADDARREL DRIVE | | | |
| | IN THIS S | SPACE | OP1 | 2000 | | | |
| 4 | | | City | 0/42>0 FL Zio Code | ~~ | | |
| 9 The above | named antity submits this statema | at for the nursees of changing it | e ragisteren alles av r | egistered agent, or both, in the State of Florida. Lam familiar with and a | <u> </u> | | |
| | ons of registered agent. | () () () () () () () () () () | s registered office of the | agistered agent, or both, in the state of Florida. Fair fairling wing the | locept | | |
| , | V DC2 | - mare | ust | 10/00/02 | | | |
| SIGNATURE A | Signature, typed or printer name or registered a | gent and title it applicable. (NO | TE: Registered Agent signature | required when reinstating) DATE | ! | | |
| | uary 1 - May 1 Fee is \$150.00 | | | A 51 A | | | |
| | After May 1, Fee is \$550.00 Amended UBR is \$61.25 | | | 9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. | | | |
| Make Check | Payable to Florida Departmen | t of State | | | ,,,, | | |
| 10. | OFFICERS A | ND DIRECTORS | | | | | |
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| NAME | -ROBER M | PRELDRIVE | NAME | 900023798589 | | | |
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| of the corp | an this report of supplemental febt | in is true and accurate and that empowered to execute this repa | my signature snall nav | d in Section 119.07(3)(i), Florida Statutes. I further certify that the informa re the same legal effect as if made under oath; that I am an officer or direction pter 607, Florida Statutes; and that my name appears in Block 10 or on | ractor I | | |

October 6, 2003

Florida Department of State Division of Corporation P.O. Box 1500 Tallahassee, Florida 32302-1500

Dear: Sirs

Enclosed you'll find check issue to you in the amount of \$150.00. You'll also find a copy of the completed 2003 Uniform Business report for our company. We are sending you this payment and at the same time voice our apology to you for not having it paid sooner. We started our business this past year and incorporated on April 16, 2002. It came as quite a shock and surprise to us that we had to pay \$150.00 for the renewal of our company since we never received any letter or information from you. Please note our new address and other information you require. Please accept the enclosed and adjust the records accordingly. Should you have any question, you may give me a call at 321-624-4533. Thank you.

Sincerely,

Director

V & V Painting & Ceramic Tile, Inc.

Doc# P02000041121