2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P02000048483

Entity Name: O.R. REMODELING & PAINTING, INC.

Current Principal Place of Business:

849 B. SKYLAKE CIR.
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

849 B. SKYLAKE CIR.
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 03-0447295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, OMAR
849 SKY LAKE CIRCLE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: RODRIGUEZ, LOOSMY
Address: 849 SKY LAKE CIRCLE, #A
City-St-Zip: ORLANDO, FL 32809

Title: VD ( ) Delete
Name: RODRIGUEZ, OMAR
Address: 849 SKY LAKE CIRCLE, #A
City-St-Zip: ORLANDO, FL 32809

Title: TD ( ) Delete
Name: DEL ROSARIO, INOEL
Address: 849 SKY LAKE CIRCLE, #A
City-St-Zip: ORLANDO, FL 32809

Title: TD ( ) Delete
Name: MARTINEZ, FREDDY
Address: 849 SKY LAKE CIRCLE, #A
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RODRIGUEZ, OMAR
Address: 849 B SKY LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32809

Title: SEC (X) Change ( ) Addition
Name: GONZALEZ, DIANA P
Address: 849 B SKY LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32809

Title: VP (X) Change ( ) Addition
Name: RODRIGUEZ JR, OMAR
Address: 849 B SKY LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32809

Title: TRES (X) Change ( ) Addition
Name: RODRIGUEZ, LOOSMY
Address: 849 B SKY LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR RODRIGUEZ PRES 04/27/2005

Electronic Signature of Signing Officer or Director — Date