2007 FOR PROFIT CORPORATION

FILED Apr 25, 2007 08:00 All Secretary of State ANNUAL REPORT DOCUMENT # P02000066611 1. Entity Name BENTLEY STRIPING, INC. Principal Place of Business Mailing Address 1800 NW 20TH AVE 1800 NW 20TH AVE CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34428 No Chg-P CR2E034 (11/05) 03292007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3066416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TAYLOR, KEITH R ESQ 1143 N. LYLE AVE. CRYSTAL RIVER, FL 34429 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000729871 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE BENTLEY, BRUCE A NAME 1800 NW 20TH AVE STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 34428 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 it 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 when like empowered.

BRUCE BENTLEY

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

352-308-25 C