2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # P02000078460** NOEL'S PAINTING, INC. Principal Place of Business Mailing Address P.O. BOX 08687 P.O. BOX 08687 FORT MYERS, FL 33908 US FORT MYERS, FL 33908 US 02072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2317972 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVY, KIM DO NOT WRITE 2110 CLEAVELAND AVENUE FT. MYERS, FL 33901 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, 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 FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NOEL, TRAVIS J NAME 15520 SONOMA DR STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33908 - U00000744676 05/15/07-80158-015 150.00 TITLE NOEL, AUSTIN NAME STREET ADDRESS 6425 FURMAN BLVD CITY-ST-7IP FORT MYERS, FL 33919 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 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 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

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