2008 FOR PROFIT CORPORATION

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| ANNUAL REPORT | | | | Mar 24, 2008 08:0 | | |
|--|---|--|-------------------------------|--|------------------------|---|
| DOCUMENT # P02000081894 1. Entity Name MIKE'S STRIPING, INC. | | | | 7 | Se | ecretary of Sta |
| 7080 SW 20 STREET 70 | | Mailing Address 7080 SW 20 STREET PLANTATION, FL 33317 | · | | 11 | I a sint nukl man kona nina nini anatal 11 nati |
| DO NOT WRITE IN THIS SPAC | | | CE | 03172008 No Chg-P CR2E034 (11/05) 4. FEI Number | | |
| 7080 SW 2 | 6. Name and Address of Current Red MICHAEL J 20 STREET ON, FL 33317 | DO NOT WRITE IN THIS SPACE | | | | |
| the obligat | named entity submits this statement for thions of registered agent. Signature typed or printed name of registered agent and the statement of the statement and the statement | | ed Agent signature require | d when reinstating) | n, in the State of Flo | orida. I am familiar with, and accept |
| | ay 1, 2008 Fee will be \$550.00 | Trust Fund Contribution | . ∐ Add | ded to Fees | | |
| 10. IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND DIF P, D KENNEY, MICHAEL J 7080 SW 20 STREET PLANTATION, FL 33317 VSD KENNEY, GLORIA C 7080 SW 20 STREET PLANTATION, FL 33317 | RECTORS | - | | U000008 04/09/08-8 | 169143 10037-024 158.75 |
| NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | DO NOT WRITE IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |

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 of trustee empoward 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR