2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-21-2005 90119 022 ***150.00 DOCUMENT # P02000095603 NCT PAINTING SERVICES, INC. Principal Place of Business Mailing Address 50029429 3431 COMMODORE COURT 3431 COMMODORE COURT WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 2. Principal Place of Business 3431 Commo Bore 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142005 Chg-P CR2E034 (10/03) City & State Polor City & State 4. FEI Number Applied For 05-0532777 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHERREZ, NESTOR Street Address (P.O. Box Number is Not Acceptable) 3431 COMMODORE COURT WEST PALM BEACH, FL 33411 Zip Code 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 KERN OUTERNER SIGNATURE Signal to, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Cherrez Nestor. TITLE C Delete TITLE Change ☐ Addition CHERREZ, NESTOR NAME NAME 3431 DOMMO DUTE CA STREET ADDRESS 9512 SW 1ST PLACE STREET ADDRESS Went Oaln Beach CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP Delete Addition TITLE TITLE [] Change NAME DAVID, GALDANEZ NAME STREET ADDRESS 5868 SOUTH 37TH STREET STREET ADDRESS GREENACRE, FL 33463 CITY-ST-78P CITY-ST-7IP Delote TITLE Change Addition CARLOS, MORALES A NAME NAME STREET ADDRESS 5868 SOUTH 37TH STREET STREET ADDRESS CITY-ST-ZIP GREENACRE, FL 33463 CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Defete ☐ Channe TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED Mar 21, 2005 8:00 am

(561) 692 3427