2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2005 8:00 am Secretary of State DOCUMENT # P02000116152 03-24-2005 90043 005 ***150.00 FINISH TECH, INC. Principal Place of Business Mailing Address OPOCCUP **6705 WILSON ROAD** 6705 WILSON ROAD WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122005 CR2E034 (10/03) Chg-P City & State Applied For 4. FEI Number City & State 06-1655513 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIONESE, THOMAS 6705 WILSON ROAD Street Address (P.O. Box Number is Not Acceptable) FORT MYERS, FL 33913 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 the obligations of registered agent. trum V. Minon Signature, 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 -Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition DIONESE, THOMAS V NAME NAME 6705 WILSON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33413 CITY-ST-ZIP TITLE ☐ Delete TITLE X Addition Dionese Tammy 6705 Wilson Rd. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE The Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition 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

FILED