2008 FOR PROFIT CORPORATION

Apr 18, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P03000027653 KEMPCO. PAINTING CONTRACTORS, INC. Principal Place of Business Mailing Address 6458 MARBLETREE LANE 6458 MARBLETREE LANE LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 04-3746190 Not Applicab Zip Zip Country 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 KEKEMPANOS, DIGNA E Street Address (P.O. Box Number is Not Acceptable) 6458 MARBLETREE LANE LAKE WORTH, FL 33467 City 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. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, U00000905427 05/01/08-80054-009 nne ☐ Delete Change ☐ Additic TITLE 150.00NAME KEKEMPANOS, DIGNA E NAME STREET ADDRESS 6458 MARBLETREE LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY - ST - ZIP ☐ Change Additio TITLE Delete TITLE KEKEMPANOS, DEMETRIOS NAME NAME STREET ADDRESS 6458 MARBLE TREE LN STREET ADDRESS CITY-ST-ZE LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Additio TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS

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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 i

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