2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 21, 2006 8:00 am Secretary of State DOCUMENT # P03000108740 1. Entity Name 03-21-2006 90032 001 ***150 00 GUNTER'S PAINTING, INC. Principal Place of Business Mailing Address 510 W. HAINES BLVD LAKE ALFRED FL 33850-2604 510 W. HAINES BLVD LAKE ALFRED FL 33850-2604 2. Principal Place of Business 3. Mailing Address POBU 1452 Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 20-0289741 Not Applicable 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 GUNTER, WENDELL B 510 W HAINES BLVD Street Address (P.O. Box Number is Not Acceptable) LAKE ALFRED FL 33850 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DPVP ☐ Delete TITLE ☐ Change ☐ Addition NAME GUNTER, WENDELL B NAME STREET ADDRESS STREET ADDRESS 510 W HAINES BLVD CITY-ST-ZIP LAKE ALFRED FL 33850-2604 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change 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-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. 863 287-3765

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED