2007 FOR PROFIT CORPORATION

Mar 06, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P03000120990** 03-06-2007 90003 032 ***158.75 1. Entity Name MD PAINTING & WALLPAPER, INC. Principal Place of Business Malling Address 1283 E ROCKEFELLER LANE 1283 E ROCKEFELLER LANE 40029919 HERNANDO, FL 34442 HERNANDO, FL 34442 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 36-4543349 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLANCHETTE, RALPH H Street Address (P.O. Box Number is Not Acceptable) 1432 E. CLEVELAND ST. HERNANDO, FL 34442 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 \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President Delete TITLE TITLE ☐ efrance ■ Addition menienbachen Marbne 1283 E. Rockefeller Ln. MEHLENBACHER, RICHARD NAME NAME STREET ADDRESS 1283 E ROCKEFELLER LANE STREET ADDRESS ernandos Fl. 34442 CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-ZIP Decretary | Treasurer Davis, Bobbie TITLE ☐ Delete TITLE ■ Addition MEHLENBACHER, MARLENE NAME NAME STREET ADDRESS 1283 E ROCKEFELLER LANE STREET ADDRESS 1432 E. Amberjack CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition DAVIS, BOBBIE NAME NAME STREET ADDRESS 1432 E AMBERJACK STREET ADDRESS CITY-ST-ZIP HERNANDO, FL 34442 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change Addition NAME NAME

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 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED

☐ Addition

☐ Change