2007 FOR PROFIT CORPORATION

Feb 12. 2007 08:00 A tate

ANNUAL KEPUKI				TCD 12, 2007 00.		
DOCUI	MENT # P030001259	25			Secretary	of S
Entity Nam KB WOOI	e DBURY PAINTING, INC.					
Principal Place	e of Business	Mailing Address	-I.	1		
317 NORTH MARS AVENUE		PO BOX 4507 Clearwater, Fl. 33758				
		·				
))	
DO NOT WRITE IN THIS SPACE			CF	02062007	No Chg-P CR2E034 (11/05)	
			-	4. FEI Numb	11296 Not	ied For Applicable
·			.,	5. Certificate	e of Status Desired	onal
	6. Name and Address of Current Re	gistered Agent	1			·
BILZING, KEVIN 317 NORTH MARS AVENUE					NOT WRITE	
CLEARVVA	ATER, FL 33765			IN	THIS SPACE	· . ·
O The share						- <u> </u>
	ions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Florida. I am familiar with, ar	id accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	ed Agent signature required	d when reinstating)	DATE	<u>`</u>
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees		4
10.	OFFICERS AND DI	RECTORS				
TITLE	D DI ZING KEVINI				,	
NAME STREET ADDRESS	BILZING, KEVIN PO BOX 4507			•		,
CITY-ST-ZIP	Y-ST-ZIP CLEARWATER, FL 337584507				U00000631222 02/20/07-80038-018 150	0.00
NAME						
STREET ADDRESS CITY-ST-ZIP						Í
TITLE						
NAME STREET ADDRESS						,
CITY-ST-ZIP				DO	NOT WRITE	l
TITLE				IN	THIS SPACE	, , }
NAME				114	TING OF AGE	
STREET ADDRESS CITY-ST-ZIP						
TITLE			1			
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE			1			i

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

SIGNATURE:

NAME . - -STREET ADDRESS CITY-ST-ZIP