2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2006 8:00 am Secretary of State **DOCUMENT # P03000127336** 03-14-2006 90026 034 ***150.00 ASPEN PAINTING, INC. Principal Place of Business Mailing Address 840 PINE DRIVE 840 PINE DRIVE 203 203 POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 . Mailing Address 8828 St 2. Principal Place of Business Street 8828 SW 11 SW Street Suite, Apt, #, etc. Suite, Apt. #, etc. 03072006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Raton Fl ator Boca Boca 20-0366370 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Cercena CERCENA, STEVEN J 840 PINE DRIVE POMPANO BEACH, FL 33060 City 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 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CERCENA, STEVEN J 8828 SW 11 Street Delete Change TITLE TITLE ☐ Addition CERCENA, STEVEN J NAME NAME STREET ADDRESS 840 PINE DRIVE #203 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 CITY-ST-7IP oca Raton Addition TITLE Delete TITLE ☐ Change CERCENA, ALCIRA NAME NAME 8828 SW 11 Street STREET ADDRESS STREET ADORESS Boxa Ration FL 33433 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 71P TITLE □ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition 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 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 piter like empowered.

FILED