2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# P03000127627

Entity Name: TRUE ARTIST PAINTING, INC.

Current Principal Place of Business:

1067 SHIREWOOD AVENUE
YULEE, FL 32097

New Principal Place of Business:

85011 HARTS RD
YULEE, FL 32097

Current Mailing Address:

1067 SHIREWOOD AVENUE
YULEE, FL 32097

New Mailing Address:

85011 HARTS RD
YULEE, FL 32097

FEI Number: 57-1196285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, DAVID G
1067 SHIREWOOD AVENUE
YULEE, FL 32097 US

Name and Address of New Registered Agent:

WILSON, DAVID G
85011 HARTS RD
YULEE, FL 32097 US

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.

SIGNATURE: _____ 04/21/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: WILSON, DAVID G
Address: 1067 SHIREWOOD AVENUE
City-St-Zip: YULEE, FL 32097

Title: VP ( ) Delete
Name: CHABOT, JEREMY M
Address: 1625 CANTERBERRY LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SEC (X) Delete
Name: MERTZ, JENNIFER L
Address: 1635 ELLIS LANDING ROAD
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TRES (X) Delete
Name: SMITH, TWILA E
Address: 396 EDWARD STREET
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WILSON, DAVID G
Address: 85011 HARTS RD
City-St-Zip: YULEE, FL 32097

Title: VP (X) Change ( ) Addition
Name: CHABOT, JEREMY M
Address: 1601 NECTARINE APT. F7
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G. WILSON PRES 04/21/2004
Electronic Signature of Signing Officer or Director — Date