2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2006 08:00 AM Secretary of State DOCUMENT # P03000131169 1. Entity Name CUSTOM PAINTWORKS, INC. Principal Place of Business Mailing Address 10016 BRANWOOD DRIVE 10016 BRANWOOD DRIVE RIVERVIEW, FL 33569 US RIVERVIEW, FL 33569 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3780151 Not Applicabil \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FREEMAN, LOUIS H DO NOT WRITE 10016 BRANWOOD DRIVE RIVERVIEW, FL 33569 IN THIS SPACE 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 access 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PDTS** TITLE FREEMAN, VALERIE NAME ///00000381470 01/11/06-80056-001 150.00 STREET ADDRESS 10016 BRANWOOD DRIVE CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 directly 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-06 813-671-197.

FILED