


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90282 021 ***150.00

DOCUMENT # P03000131625	
1. Entity Name MARK BENEDICT PAINTING, INC.	

Principal Place of Business 21801 EDGEWATER DRIVE PORT CHARLOTTE, FL 33952 US	Mailing Address 21801 EDGEWATER DRIVE PORT CHARLOTTE, FL 33952 US
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2. Principal Place of Business 168 Millport St Suite, Apt. #, etc.	3. Mailing Address 168 Millport St Suite, Apt. #, etc.
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City & State Port Charlotte	City & State Port Charlotte
Zip 33948	Country Charlotte

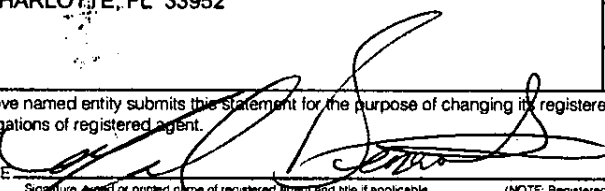


03192005 Chg-P CR2E034 (10/03)

4. FEI Number 54-2137675	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent BENEDICT, MARK S 21801 EDGEWATER DRIVE PORT CHARLOTTE, FL 33952	7. Name and Address of New Registered Agent Name Benedict, Mark S. Street Address (P.O. Box Number is Not Acceptable) 168 Millport Street City Port Charlotte FL Zip Code 33948
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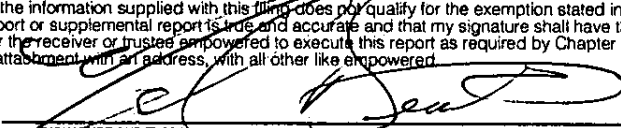
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENEDICT, MARK S		NAME	
STREET ADDRESS 168 Millport St		STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE, FL 33952-33948		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCLASKEY, JOHN V		NAME	
STREET ADDRESS 2410 LANIER RD.		STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA, FL 33982		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____