2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE: _

FILED DOCUMENT # P03000134312 Mar 06, 2006 08:00 AM 1. Entity Name Secretary of State RAY DONILON PAINTING & WALLPAPERING, INC. Principal Place of Business Mailing Address 1115 OLD PARSONAGE DRIVE MERRITT ISLAND FL 32952 T115 OLD PARSONAGE DRIVE MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 27-0070060 Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONILON, RAY 1115 OLD PARSONAGE DRIVE Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32952 Zio Code 3. 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 revisioning) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete MILE Addition | ☐ Change NAME DONILON, RAY NAME U00000458338 03/17/06 80043-014 150.00 STREET ADDRESS 1115 OLD PARSONAGE DRIVE STREET AODRESS CATY-ST-ZW MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE ☐ Defete MUL ☐ Change Addition NAME DONILON, JEANENE HAME STREET ADDRESS 1115 OLD PARSONAGE DRIVE STHEET ADDRESS CHY-SI-ZX MERRITT ISLAND FL 32952 C3TY -ST- D9 HILE Delete TITLE ☐ Change ■ Addition NAME NAME STREET AUDRESS STREET ADDRESS CHY-ST-ZIP EITY-ST-ZIP Detete TITLE BBS ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete 717**CE** TALLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS City-SI-ZiP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Ray Donilon