

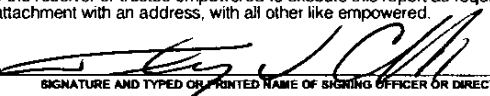


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90075 046 ***150.00

DOCUMENT # P03000136266 1. Entity Name TIMOTHY J CHAMBERLAIN PAINTING INC.																													
Principal Place of Business 1788 BANYAN DRIVE VENICE, FL 34293 US			Mailing Address 1788 BANYAN DRIVE VENICE, FL 34293 US																										
2. Principal Place of Business - No P.O. Box # 6735 N. TOLEDO BLVD		3. Mailing Address 6735 N. TOLEDO BLVD																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04102007 Chg-P CR2E034 (12/06)																									
City & State NORTH BAY FL.		City & State NORTH BAY FL.		4. FEI Number 20-0411842																									
Zip 34286		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CHAMBERLAIN, TIMOTHY 1788 BANYAN DRIVE VENICE, FL 34293			7. Name and Address of New Registered Agent Name CHAMBERLAIN TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 6735 N. TOLEDO BLVD BLVD. NORTH BAY City FLORIDA FL Zip Code 34286																										
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, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CHAMBERLAIN, TIMOTHY J</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1788 BANYAN DRIVE</td> <td></td> </tr> <tr> <td></td> <td>VENICE, FL 34293</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input checked="" type="checkbox"/>	STREET ADDRESS	CHAMBERLAIN, TIMOTHY J		CITY-ST-ZIP	1788 BANYAN DRIVE			VENICE, FL 34293		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CHAMBERLAIN TIMOTHY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>6735 N. TOLEDO BLVD BLVD</td> <td></td> </tr> <tr> <td></td> <td>NORTH BAY FL. 34286</td> <td></td> </tr> </table>			TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	CHAMBERLAIN TIMOTHY		CITY-ST-ZIP	6735 N. TOLEDO BLVD BLVD			NORTH BAY FL. 34286	
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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 other like empowered.																													
SIGNATURE: 			Date 04/12/07 Daytime Phone # (941) 650-1558																										