... 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P03000137634 Apr 27, 2006 08:00 AN Secretary of State 1. Entity Name JOHNNY D. BLANTON PAINTING INC. Principal Place of Business Mailing Address 4909 NO. HIGHWAY 1 COCOA FL 32927 POST OFFICE BOX 351 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 56-2419777 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 BLANTON, JOHNNY D Street Address (P.O. Box Number is Not Acceptable) 4909 NO. HIGHWAY 1 COCOA FL 32927 City Zip Code 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. (NOTE: Registered Agent signature required when reinstaling) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE ☐ Change Addition TITLE BLANTON, JOHNNY D NAME NAME 1100000540359 STREET ADDRESS STREET ADDRESS 170 FECCO STREET 05/10/06-80012-019 158.75 CITY-ST-ZIP City-St-242 COCOA FL 32927 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-St-782 HILE ☐ Delete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change fill £ Delete Addition RRE NAME MAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-7IP HILE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST- ZIP CITY-ST-ZIP 12. It 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 curporation 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

De 34, 2006 325.632-42