2008 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 03, 2008 8:00 am Secretary of State 08-01-2008 90040 031 ***150.00 DOCUMENT # P03000143157 RANDY LOONEY'S PAINTING, INC. Principal Place of Business Mailing Address 24237 E. COLONIAL DRIVE P. O. BOX 618 66016251 CHRISTMAS, FL 32709 CHRISTMAS, FL 32709 08272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2137854 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Randall Looney 24237 E Colonial Dr. Christmas FL 32709 LEITCH, DOUGALD B. DO NOT WRITE 996 WESTWOOD SQ STE OVIEDO, FL. 32765 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 accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. П Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS JILE LOONEY, RANDALL STREET ADDRESS 24237 E. COLONIAL DRIVE CITY-ST-ZIP CHRISTMAS, FL 32709 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR

FILED