2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 26, 2007 8:00 am Secretary of State DOCUMENT # P03000143332 1. Entity Name 01-26-2007 90039 017 ***150 00 SANTIAGO'S STUCCO & LATHING, INC. Principal Place of Business Mailing Address **76 BAYSIDE DRIVE 76 BAYSIDE DRIVE** 60007710 PALM COAST, FL 32137 PALM COAST, FL 32137 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3773368 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONSALEZ, SANTIAGO DO NOT WRITE 76 BAYSIDE DR PALM COAST, FL 32137 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST Gonsalez, Santiago TITLE GONSALER, SANTIPGO > NAME 76 BAYSIDE DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE: 40 14 000 60 N 2016 - SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS

FILED