2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 11, 2006 08:00 AM Secretary of State DOCUMENT # P03000143516 1. Entity Name RALPH RAY PAINTING, INC. Principal Place of Business Mailing Address 4416 BARNSDALE DRIVE 4416 BARNSDALE DRIVE MELBOURNE, FL 32935 MELBOURNE, FL 32935 01082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0444774 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAY, RALPH DO NOT WRITE 4416 BARNSDALE DRIVE MELBOURNE, FL 32935 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS सरा ह NAME RAY, RALPH STREET ADDRESS 4416 BARNSDALE DRIVE CITY-ST-ZIP MELBOURNE, FL 32935 TITLE U00000564320 05/20/06-80060-003 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 appropriate empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Date