2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2007 08:00 AM DOCUMENT # P03000143763` **Secretary of State** LANDON PAINTING SERVICE, INC. Principal Place of Business Mailing Address 12455 MONARCH CIRCLE 12455 MONARCH CIRCLE SEMINOLE, FL 33772 US SEMINOLE, FL 33772 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0445452 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANDON, ANDREW J DO NOT WRITE 12455 MONARCH CIRCLE SEMINOLE, FL 33772 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 U00000595458 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 01/23/07-80040-018 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TILLE LANDON, ANDREW J NAME STREET ADDRESS 12455 MONARCH CIRCLE CITY-ST-ZIP SEMINOLE, FL 33772 NAME SHAW, LINDA JEAN STREET ADDRESS 7712 VIENNA LANE CITY-ST-ZIP PORT RICHEY, FL 34668 NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ALDREN J. LANDON, PRES

1-19-07

(727) 392-8415

FILED

Date