2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 18, 2005 8:00 am Secretary of State **DOCUMENT # P03000146380** 08-18-2005 90002 027 ***150.00 PAINT MISBEHAVIN' OF STUART, INC Principal Place of Business Mailing Address **5243 SE FAIRLANE AVENUE 5243 SE FAIRLANE AVENUE** STUART, FL 34997 STUART, FL 34997 US 2. Principal Place of Business 3. Mailing Address 14531 SW Divnt 4531 S Suite, Apt. #, etc. Suite, Apt. #, etc. 08152005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For ndianto 35-2219665 Not Applicable \$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 LYNN, LEWIS **5243 SE FAIRLANE AVENUE** Street Address (P.O. Box Number is Not Acceptable) STUART, FL 34997 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. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating FILE NOWILL 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. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TILLE Change Platts, Jeffrey M. NAME PLATTS, JEFFREY M NAME 1450 () () () () () Dr STREET ADDRESS 5243 SE FAIRLANE AVENUE STREET ADDRESS CITY-ST-ZIP STUART, FL. 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition LEWIS, LYNN L NAME NAME STREET ADDRESS **5243 SE FAIRLANE AVUNUE** STREET ADDRESS STUART, FL 34997 CITY-ST-ZIP CITY-ST-7IP SEC TITLE ☐ Delete TITLE Change ☐ Addition LEWIS, CASEY M NAME NAME 5243 SE FAIRLANE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI 12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or directors required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee em as required changed, or on an attachment with an SIGNATURE: Daytime Phone

FILED