2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P03000148948** May 01, 2006 08:00 A Secretary of State C.C.I. PAINTING SERVICES, INC. Mailing Address Principal Place of Business 130 BOOTH AVE NORTH 130 BOOTH AVE NORTH CLEARWATER, FL 33755 CLEARWATER, FL 33755 No Cha-P CR2E034 (11/05) 04272006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4270838 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LIGGINS, MARTHA 130 BOOTH AVE N FORT LAUDERDALE, FL 33355 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) DATE Signature, typed or printed name of registered agent and title if applicable. 000000556763 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 05/17/06-80023-804 150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** उसा ह NAME WEINBERG, RICHARD P 130 BOOTH AVE NORTH STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 TITLE WEINBERG, RICHARD P NAME STREET ADDRESS 130 BOOTH AVE NORTH CITY-ST-ZIP CLEARWATER, FL 33755 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THILE NAME STREET ADDRESS CITY-ST-ZIP 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 if changed, or on an attechment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4127/06 727-797-49