2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 09, 2007 08:00 A Secretary of State **DOCUMENT # P03000158393** G. FIDLER PAINTING CONTRACTOR INC. Principal Place of Business Mailing Address 157 DOCK AVENUE 157 DOCK AVENUE SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 03072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0805403 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FIDELR, GEORGE 157 DOCK AVE SEBASTIAN, FL 32958 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 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. TITLE FIDLER, GEORGE NAME U00000695037 04/17/07-80044-021 150.00 STREET ADDRESS 157 DOCK AVENUE CITY-ST-ZIP SEBASTIAN, FL 32958 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-ZIP 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 address, vith all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

D NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #