## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FILED Jan 31, 2008 08:00 A Secretary of State

ANNUAL REPORT				Secretary of St			
1. Entity Nam	MENT # P04000013 ne Libra painting, inc.				occi ctai y	UI S	
TONTSI	LIBRA FAINTING, INC.						
Principat Plac	ce of Business	Mailing Address					
		12498 RIVERSIDE DRIVE #20					
I FORT MYERS	5, FL 33919	FORT MYERS, FL 33919					
		<del></del>					
	•				88		
				01092008	No Chg-P	CR2E034 (11/05)	
D	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		——————————————————————————————————————	plied For
				38-3693		\$9.75 444	t Applicable
	· · · · · · · · · · · · · · · · · · ·	•		5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Current Re	glatered Agent		,			
	A, ANTHONY J SR.		DO	NOT W	RITF		
12498 RIVERSIDE DRIVE #206 FORT MYERS, FL 33919							
				IN I	HIS SP	ACE	
			. ,		•		
8. The above the obligati	named entity submits this statement for thions of registered agent.	ne purpose of changing its registere	ad office or registere	ed agent, or both	), in the State of Flor	rida. I am familiar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	tile if applicable (NOTE: Registerer	d Agent signature required	(when reinstating)		DATE	<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS					
TITLE NAME	D GIORDANO, ANTHONY J SR.						
STREET ADDRESS	12498 RIVERSIDE DRIVE #206		i		•		
CITY-ST-ZIP	FORT MYERS, FL 33919				U000000S	304565	
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CITY-ST-ZIP							
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NAME STREET ADDRESS			i				
CITY-ST-ZIP						•	
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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 AUTO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION Date Destroy Phone Proper P