2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM Secretary of State DOCUMENT # P04000002138 1. Entity Name ORLANDO'S PAINTING OF COLLIER CO. Principal Place of Business 5996 12TH AVENUE SW 5996 12TH AVENUE SW NAPLES, FL 34116 NAPLES, FL 34116 CR2E034 (11/05) 03102006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0790675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RESTREPO, ORLANDO V DO NOT WRITE 5996 12TH AVENUE SW NAPLES, FL 34116 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. 1 am famillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSTD RESTREPO, ORLANDO V NAME STREET ADDRESS 5996 12TH AVENUE SW U00000463425 eny-st-zip NAPLES, FL 34116 03/21/06-80075-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP THRE SLABAF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 21111

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, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

NING OFFICER OR DIRECTOR

Daytime Phone 4

FILED