2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -~

SIGNATURE

DOCUMENT # P04000007417 Jan 22, 2007 08:00 AM **Secretary of State** CRITICS CHOICE PAINTING & RESTORATION, INC. Principal Place of Business Mailing Address 5056 PAT PLACE WEST PALM BEACH FL 33407 5056 PAT PLACE WEST PALM BEACH FL 33407 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, atc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-0617112 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOEHLER, DENNIS P P.A. Street Address (P.O. Box Number is Not Acceptable) 1280 N. CONGRESS AVENUE SUITE 104 WEST PALM BEACH FL 33409 Zip Code City 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition THE Delete 100 U00000594157 MITCHELL, JOHN W NAME NAMI 01/22/07-80058-017 150.00 5056 PAT PLACE STRUET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CHY-ST-ZIP CITY-ST-7IP ant ☐ Change ☐ Addition ☐ Delete mile MITCHELL, JOHN W NAMI 5056 PAT PLACE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-7IP CHY-ST-7IP Detete Change ■ Addition NAMI NAMI STREET ADDRESS SIDELI ADDRESS CITY-ST-74P CHY-S1-7IP Detete ☐ Change ■ Addition HHE HILL NAME NAMI STRELL ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP ☐ Delete ☐ Change ■ Addition ma NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7IP TOTAL ☐ Change ■ Addition ☐ Delete TITLE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 earl; that I am an officer or director of the corporation or the receiver or trystoc empowered to execute this report as oquired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

OR DIRECTOR

FILED