2006 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** May 01, 2006 08:00 AM Secretary of State DOCUMENT # P04000011430 1. Entity Name CRAIG HARDIE'S PAINTING, INC. Principal Place of Business Mailing Address 432 RIDGFWOOD ROAD 432 RIDGEWOOD ROAD KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 No Chg-P 04052008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 05-0594662 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARDIE, CRAIG DO NOT WRITE 432 RIDGEWOOD ROAD KEY BISCAYNE, FL 33149 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, typed or printed name of registured egent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000556212 05/16/06-80063-022 150.00

Applied For

Not Applicable

OFFICERS AND DIRECTORS 10. TOTALE HARDIE, CRAIG NAME 432 RIDGEWOOD ROAD STREET ADDRESS CITY-S1-ZIP KEY BISCAYNE, FL 33149 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-ZIP 3,767 STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not quality 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 it made under path; 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 the address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR