2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2005 8:00 am Secretary of State 04-26-2005 90170 040 ***150.00 DOCUMENT # P04000014152 GENERAL PAINTING PLUS, INC. Principal Place of Business Mailing Address 7514 HOGAN ROAD #701 7514 HOGAN ROAD #701 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 20048411 3. Mailing Address 4500 BAYMEADOWS RD. 2. Principal Place of Business 4500 BAYMEADOWS RD. Suite, Apt. #, etc. # 25 Suite, Apt. #, etc. 04232005 Chg-P CR2E034 (10/03) #25 JACKSONVILLE, 4. FEI Number 56-2429237 City & State Applied For JACKSONVILLE, FL. FL. Not Applicable Country USA Country USA Zip \$8.75 Additional 32256 5. Certificate of Status Desired 32256 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZUNIGA DEMARIN, YEISA ZUNIGA DEMARIN, YEISA 4500 BAYMEADOWS RD. 4cg#p259 7514 HOGAN ROAD #701 JACKSONVILLE, FL 32216 JACKSONVILLE, FL. ^z32256 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 familiar with, and accept the obligations of registered egent. REG. AGENT & PRESIDENT YEISA ZUNIGA DEMARIN SIGNATURE d 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 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIRECTOR PRESIDENT TITLE ☐ Delete TITLE Change Addition ZUNIGA DEMARIN, YEISA 4500 BAYMEADOWS RD. # 25 ZUNIGA DEMARIN, YEISA NAME NAME STREET ADDRESS 7514 HOGAN ROAD #701 STREET ADDRESS JACKSONVILLE, FL. 32256 CRY-S1-ZIP JACKSONVILLE, FL 32216 CRY-SI-2P ☐ Delete Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition DIRECTOR VICE PRESIDENT NAME NAME RIOS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-51-21P Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7H TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OFFY-ST-ZE HILE Delete HILE Change Add:tion NAME STREET ACCRESS STREET ACORESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

YETSA ZUNIGA DEMARIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

904-514-0249

Daytime Phone #