2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Sep 04, 2007 8:00 am Secretary of State 09-04-2007 90040 027 ***158.75

DOCUMENT # P0400021695 1. Entity Name PAINTERS ON CALL, INC.							211174			
Principal Place of Business 11817 HOLLYCREST LANE RIVERVIEW, FL 33569 US		CREST LANE	Mailing Address 11817 HOLLYCREST LANE RIVERVIEW, FL 33569 US				401310 (A			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08242007	Chg-P	CR2E034 (12/06)	_	
City & State			City & State		4. FEI Number 80-009		————	plied For t Applicable		
Zip Country		Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Add Fee Required		
ŀ		6. Name and Address of Current	Registered Agent		T	7. Name and	Address of New F	Registered Agent		
Ī					Name					
		I, BILLY G LYCREST LANE N, FL 33569				treet Address (P.O. Box Number is Not Acceptable)				
					City			FL Zip Code	· · · · · · ·	
	8. The above the obligation	named entity submits this statement I one of regis)errod agent	Heriston			stered agent, or bo	th, in the State of FI	orida. I am familiar with.	and accept	
		E NOW!!! FEE IS \$150.00 ie by September 14, 2007	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees		with s. 607.193(2)(b), not receive the prior r		
į	10:	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTORS	SIN 11	
	· TITLE NAME	PVST ATKINSON, BILLY G	☐ Delete	TITL NAM				☐ Change	Addition	
	STREET ADORESS CITY-ST-ZIP	11817 HOLLYCREST LANE RIVERVIEW, FL 33569			ET ADORESS -ST-ZIP					
	NAME STREET ADDRESS CITY-ST-ZIP	D ATKINSON, BILLY G 11817 HOLLYCREST LANE RIVERVIEW, FL 33569	☐ Delete		1			☐ Change	☐ Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIVERVIEW, FL 33369	☐ Delete	INIL NAM SIRI	E			☐ Change	☐ Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defele		1			☐ Change	Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		,			☐ Change	Addition	

thereby 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 they ke empowered.

GNATURE:

OBJUTO (813) 690 - 66531

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