2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 24, 2008 08:00 A **DOCUMENT # P04000029250** Secretary of State 1. Entity Name CLAVELLI PAINTING CO. Principal Place of Business Mailing Address 1924 ROLLING GREEN CIRCLE 1924 ROLLING GREEN CIRCLE SARASOTA, FL 34240 SARASOTA, FL 34240 CR2E034 (11/05) 03192008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0787933 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLAVELLI, RICHARD DO NOT WRITE 1924 ROLLING GREEN CIR SARASOTA, FL 34240 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U00000868459 OFFICERS AND DIRECTORS 04/09/08-80009-020 150.00 10. TITLE CLAVELLI, RICHARD J STREET ADDRESS 1924 ROLLING GREEN CIR CITY-ST-ZIP SARASOTA, FL 34240 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby 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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAM

Richard Clavelli

130 08 Date

(94)378-1612