2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000031119

Address:

City-St-Zip:

21 CLEVELAND AVE.

PORT SALERNO, FL 34997

FILED Sep 14, 2009 Secretary of State

Entity Name: PETRA PAINTERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 6204 SE ORANGE BLOSSOM TRAIL HOBE SOUND, FL 33455 **Current Mailing Address: New Mailing Address:** 6204 SE ORANGE BLOSSOM TRAIL HOBE SOUND, FL 33455 FEI Number: 90-0184939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DURHAM, STEVEN A 6204 SE ÓRANGE BLOSSOM TRAIL HOBE SOUND, FL 33455 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DURHAM, STEVEN A Name: Name: 6204 SE ORANGE BLOSSOM TRAIL Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: DURHAM, VEERY M Name: 6204 SE ORANGE BLOSSOM TRAIL Address: Address: HOBE SOUND, FL 33455 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition STD STD EDWARD, MORLEY JAMES, MURPHY Name: Name: 6204 SE ORANGE BLOSSOM TR. 7065 SE BLUEBIRD CIRCLE Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455 Title: STD () Delete Title: STD (X) Change () Addition DALE, LIVERMORE DALE, LIVERMORE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

7084 SE BLUEBIRD CIRCLE

HOBE SOUND, FL 33455

SIGNATURE: STEVEN A DURHAM PC 09/14/2009