2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2006 08:00 AM Secretary of State DOCUMENT # P04000039760 JUNIOR DINHAM PAINTING, INC. Principal Place of Business Mailing Address 4540 NW 36TH STREET 4540 NW 36TH STREET **SUITE 313** SUITE 313 LAUDERDALE LAKES, FL 33319 LAUDERDALE LAKES, FL 33319 CR2E034 (11/05) 04152006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0815577 Not Applicable \$8.75 Additional 5. Certificate of Status Deshod Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DINAHM, JUNIOR C 4540 NW 36TH STREET SUITE 313 IN THIS SPACE LAUDERDALE LAKES, FL 33319 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 Signature, typed or printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when reinstating) 2. Election Campaign Financing \$5.00 May Ba U00000522007 FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/03/06-80011-015 150.00 OFFICERS AND DIRECTORS 10. TITLE MAME DINHAM, JUNIOR C 4540 NW 36TH STREET STREET ACCRESS LAUDERDALE LAKES, FL 33319 CITY-ST-ZIP MAME STREET AUDRESS CITY-ST-ZIP MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE tm e MAME STREET AUDRESS CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 other like empowered.

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-20P

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 15 06

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Daytime Phone #

FILED