2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041851

Entity Name: M D H PAINTING INC

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10252 MAYAN DR 10755 GLADWYNNE ROAD JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

10252 MAYAN DR JACKSONVILLE, FL 32218 10755 GLADWYNNE ROAD JACKSONVILLE, FL 32218

FEI Number: 54-2145659 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:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US

DYNAMIC TAX & & ACCOUNTING
5412 MORSE AVE
JACKSONVILLE, FL 32244 US

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: JOE JEFFERSON 04/02/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HAM, MICHAEL D Name: HAM, MICHAEL D Address: 10252 MAYAN DRIVE Address: 10755 GLADWYNNE ROAD

City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete Title: VP (X) Change () Addition Name: PEAVEY, TERRY L Name: PEAVEY, TERRY L

Address: 10252 MAYAN DRIVE Address: 10755 GLADWYNNE ROAD
City-St-Zip: JACKSONVILLE, FL 32218
City-St-Zip: JACKSONVILLE, FL 32218

Title: SM () Delete Title: () Change () Addition

 Name:
 PHILLIPS, ANTHONY
 Name:

 Address:
 10252 MAYAN DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 PEAVEY, DONNNA A
 Name:

 Address:
 10252 MAYAN DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:

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.

SIGNATURE: MICHAEL D HAM P 04/02/2009