

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000042399</b>                  |  |
| 1. Entity Name<br><b>AMERICAN PAINTERS INC.</b> |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>12024 STEPPINGSTONE BLVD<br/>TAMPA, FL 33635</b> | Mailing Address<br><b>12024 STEPPINGSTONE BLVD<br/>TAMPA, FL 33635</b> |
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01202006 No Chg-P CR2E034 (11/05)

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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>02-0725824</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>CATT, BECKY<br/>12024 STEPPINGSTONE BLVD<br/>TAMPA, FL 33635</b> |
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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 Becky Catt DATE 1-20-06  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                                               |                                                                                                                           |                                                   |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>000000398537<br/>01/31/06-80001-024 150.00</b> |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                                                        |
|----------------------------|------------------------------------------------------------------------|
| TITLE<br><b>P</b>          | <b>CATT, BRIAN P<br/>12024 STEPPINGSTONE BLVD.<br/>TAMPA, FL 33635</b> |
| TITLE<br><b>ST</b>         | <b>CATT, BECKY A<br/>12024 STEPPINGSTONE BLVD<br/>TAMPA, FL 33635</b>  |
| TITLE<br><b></b>           | <b></b>                                                                |
| TITLE<br><b></b>           | <b></b>                                                                |
| TITLE<br><b></b>           | <b></b>                                                                |
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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 637, 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: Becky Catt Becky Catt 1-20-06 813-263-8538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #