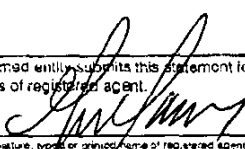
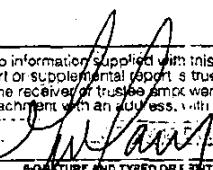


**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90281 027 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                 |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P04000044170</b>                                                                                                                                                                                                                                              |                                                                         |                                                                                |                                                                   |
| 1. Entity Name<br><b>LAVIN PAINTING, INC.</b>                                                                                                                                                                                                                               |                                                                         |                                                                                                                                                                 |                                                                   |
| Principal Place of Business<br><b>177 S BANANA RIVER DR #144<br/>MERRITT ISLAND, FL 32952</b>                                                                                                                                                                               |                                                                         | Mailing Address<br><b>177 S BANANA RIVER DR #144<br/>MERRITT ISLAND, FL 32952</b>                                                                               |                                                                   |
| 2. Principal Place of Business<br><b>433 Summers Creek Dr</b>                                                                                                                                                                                                               |                                                                         | 3. Mailing Address<br><b>433 Summers Creek Dr.</b>                                                                                                              |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                         |                                                                         | Suite, Apt. #, etc.                                                                                                                                             |                                                                   |
| City & State<br><b>Merritt Island, Florida</b>                                                                                                                                                                                                                              |                                                                         | City & State<br><b>Merritt Island Florida</b>                                                                                                                   |                                                                   |
| Zip<br><b>32952</b> Country<br><b>Brevard</b>                                                                                                                                                                                                                               |                                                                         | Zip<br><b>32952</b> Country<br><b>Brevard</b>                                                                                                                   |                                                                   |
| 4. Name and Address of Current Registered Agent<br><b>LAVIN, GILBERT<br/>177 S BANANA RIVER DR #144<br/>MERRITT ISLAND, FL 32952</b>                                                                                                                                        |                                                                         | 5. Name and Address of Former Registered Agent<br><b>Name: Gladys Riccobona CPA<br/>Street Address: 143 23rd Street<br/>City: CAPE CORAL FL Zip Code: 33904</b> |                                                                   |
| 6. 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 <b>4/23/05</b>                                                                                                                                             |                                                                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                       |                                                                         | B. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$4.00 May Be Added to Fees                                                  |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                  |                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                              | D<br>LAVIN, GILBERT<br>433 SUMMERS CREEK DR<br>MERRITT ISLAND, FL 32952 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                              | D<br>RIVERA, MARISS<br>433 SUMMERS CREEK DR<br>MERRITT ISLAND, FL 32952 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this report is true and accurate and that my signature shall have the same legal effect as if my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with other like empowered. |                                                                         |                                                                                                                                                                 |                                                                   |
| SIGNATURE:                                                                                                                                                                               |                                                                         | DATE: <b>4/23/05</b>                                                                                                                                            |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                          |                                                                         | DATE                                                                                                                                                            |                                                                   |