2006 FOR PROFIT CORPORATION

Mar 17, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000044205** 03-17-2006 90126 047 ***150.00 TRUÉ COLORS PAINTING AND PRESSURE WASHING, INC. Principal Place of Business Mailing Address 7418 NW 66TH TER 7418 NW 66TH TER FORT LAUDERDALE, FL 33321 FORT LAUDERDALE, FL 33321 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-P CR2E034 (11/05) Applied For 4 FEI Number City & State City & State 45-0537060 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUGO, HENRY Street Address (P.O. Box Number is Not Acceptable) 7418 NW 66TH TERR FORT LAUDERDALE, FL 33321 Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. 3-15-06 SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. P/D ☐ Change Addition TITLE ☐ Delete TITLE LUGO HÉNRY NAME NAME 7418 NW 66TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33321 CITY-ST-ZIP VP/T ☐ Change ☐ Addition TITLE Delete TITLE LUGO, HENRY NAME NAME 7418 NW 66TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33321 CITY-ST-ZiP Delete TITLE ☐ Change ☐ Addition TITLE NAME LUGO, HENRY NAME STREET ADDRESS 7418 NW 66TH TERR STREET ADORESS CITY-ST-ZIP FORT LAUDERDALE, FL 33321 CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS

12. I hereby certify that the information supplied with this filling 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 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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

☐ Delete

3-15-06

954.6125846

Change

☐ Addition

FILED