2006 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** May 01, 2006 08:00 AN Secretary of State DOCUMENT #PQ4900055562 MARK BUSH PAINTING, INC Principal Place of Business Mailing Address 2720 TINA LANE 2979 TUSCARORA TRL MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 01302006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4276986 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BUSH, MARK DO NOT WRITE 2979 TUSCARORA TRL MIDDLEBURG, FL 32068 IN THIS SPACE 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 title if applicable. (NOTE Registered Agent signature required when reinstating) 1,000,000557111 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 05/17/06-80038-001 150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BUSH, MARK NAME 2979 TUSCARORA TRL STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-25-06 904-625-7781