2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 07, 2006 8:00 am Secretary of State DOCUMENT # P04000065111 1. Entity Name 07-07-2006 90001 009 ***158.75 REEDY'S FRAMES AND PAINTINGS, INC. Principal Place of Business Mailing Address 14850 SE 73RD AVE 14850 SE 73RD AVE 50021744 SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05042006 Cha-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 55-0862990 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REEDY, NELSON W Street Address (P.O. Box Number is Not Acceptable) 14850 SE 73RD AVE SUMMERFIELD, FL 34491 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 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition REEDY, NELSON NAME NAME STREET ADDRESS 14850 SE 73RD AVE STREET ADDRESS CITY-ST-ZIP SUMMERFIELD, FL 34491 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition REEDY, MARY E NAME NAME 14850 SE 73RD AVE STREET ADDRESS STREET ADDRESS SUMMERFIELD, CITY-ST-ZIP CITY-ST-ZIP OFFICER/DIRECTOIZ TITLE ☐ Delete TITLE ☐ Change DAVID REEDY 14850 SE 7320 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERPIELD FL 34491 Officer Director TITLE ☐ Delete 4-Addition TITLE ☐ Change NAME NAME degre W Reedy STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

FILED