2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jul 11, 2005 8:00 am **Secretary of State** DOCUMENT # P04000070066 07-11-2005 90200 024 ***150.00 RONALD BRANTNER PAINTING/TRIM/DRYWALL/FRAME CORP. Mailing Address Principal Place of Business 1524 HERNANDES CT. 1524 HERNANDES CT. ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 3. Mailing Address 3527 TARPON DR 3527 TARPON DR Suite, Apt. #, etc. Suite, Apt. #, etc. 07062005 CR2E034 (10/03) Chg-P City & State City & State Applied For 4. FEI Number 399-72-8743 ORLANDO ORLANDO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box นรัค 32810 32810 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brantner Ronald Street Address (P.O. Box Number is Not Acceptable) 3527 TARPON DO BRANTNER, RONALD J 1524 HERNANDES CT. ORLANDO, FL 32808 CITYORL 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 9. Election Campaign Financing FILE NOW!!! FEE 13 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. \Box Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete Change TITLE NAME BRANTNER, RONALD J 1524 HERNANDES CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete THE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 exemption stated in Section 119.07(3)(i), 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