2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P04000077262 04-17-2006 90341 016 ***150.00 1. Entity Name FERRARA QUALITY PAINTING, INC. Principal Place of Business Mailing Address 10463 STONE GLEN DR. ORLANDO FL 32825 10463 STONE GLEN DR. ORLANDO FL 32825 Mailing Address 4444 St. Georges Hill Dr. 2. Principal Place of Business 14444 Saint George Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For 20-1137300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired <u>xa</u>nge Orange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERRARA, LINDA 10463 STONE GLEN DR. reet Address (P.O. Box Number is Not Acceptable) 4444 Sant Georges ORLANDO FL 32825 cirorlando 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE FERRARA, LINDA NAME NAME 14444 Saint Georges Hill Dr Ovlando Fi 32828 STREET ADDRESS STREET ADDRESS 10463 STONE GLEN DR. CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP Change TITLE TITLE Addition Delete NAME FERRARA, JOSEPH NAME 14444 Saint Georges Hill Dr. STREET ADDRESS 10463 STONE GLEN DR. STREET ADDRESS Orlando to 32828 CITY-ST-7IP ORLANDO FL 32825 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ■ 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 exemptions contained in Section 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

FILED