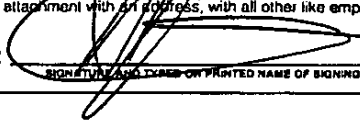


FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90063 040 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000110601			
1. Entity Name PAINT WORX, INC.			
Principal Place of Business 2315 BEACH BLVD. 201 JACKSONVILLE BEACH, FL 32250 US		Mailing Address 2315 BEACH BLVD. 201 JACKSONVILLE BEACH, FL 32250 US	
2. Principal Place of Business 2315 BEACH BLVD.		3. Mailing Address	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc.	
City & State JACKSONVILLE BEACH, FL		City & State	
Zip 32250	Country USA	Zip	Country
4. FEI Number 20-1866959		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, MICHAEL P 2315 BEACH BLVD. 201 JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2315 BEACH BLVD., SUITE 201A City JACKSONVILLE BEACH FL Zip Code 32250	
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 		DATE 4/6/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PIATAK, THOMAS W 2315 BEACH BLVD. JACKSONVILLE BEACH, FL 32250 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAROLD J. REYNATH 256 NORTH 7TH STREET MACLENNY, FL 32063 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		DATE 4/6/05 (904) 249-0225	