2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 22, 2005
Secretary of State

DOCUMENT# P04000111534

Entity Name: CHAMBERLAND PAINTING & PRESSURE WASHING, INC.

Current Principal Place of Business:

4548 S SUNCOAST BLVD
151
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

4548 S SUNCOAST BLVD
151
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 76-0763594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMBERLAND, STEVE
4548 S SUNCOAST BLVD
151
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CHAMBERLAND, STEVE
Address: 4548 S SUNCOAST BLVD #151
City-St-Zip: HOMOSASSA, FL 34446

Title: VP ( ) Delete
Name: CHAMBERLAND, STEVE
Address: 4548 S SUNCOAST BLVD #151
City-St-Zip: HOMOSASSA, FL 34446

Title: SECY ( ) Delete
Name: FURRELL, LEO
Address: 4548 S SUNCOAST BLVD #151
City-St-Zip: HOMOSASSA, FL 34446 US

Title: TREA ( ) Delete
Name: TORTORA, JASON
Address: 4548 S SUNCOAST BLVD #151
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SECY (X) Change ( ) Addition
Name: AUBERTON, BRIAN
Address: 4548 S SUNCOAST BLVD #151
City-St-Zip: HOMOSASSA, FL 34446 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE CHAMBERLAND PTD 08/22/2005

Electronic Signature of Signing Officer or Director — Date