

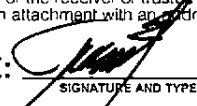


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

|   |                              |   |                                       |
|---|------------------------------|---|---------------------------------------|
| <b>DOCUMENT # P04000121297</b>  |                              |    |                                       |
| 1. Entity Name<br>FACTORY PAINTING, INC.  |                              |   |                                       |
| Principal Place of Business<br>6950 LANDINGS DR., SUITE 101<br>LAUDERHILL, FL 33319   |                              | Mailing Address<br>6950 LANDINGS DR., SUITE 101<br>LAUDERHILL, FL 33319   |                                       |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                              |   |                                       |
|   |                              | <br>04282006 No Chg-P CR2E034 (11/05)  |                                       |
|   |                              | 4. FEI Number<br>20-1551792   | Applied For<br>Not Applicable         |
|   |                              | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                |                                       |
| 6. Name and Address of Current Registered Agent   |                              |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| MORALES, EDUARDO G<br>6950 LANDINGS DRIVE, SUITE 101<br>FORT LAUDERDALE, FL 33319   |                              |   |                                       |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |                              |   |                                       |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |                                       |
| 10. OFFICERS AND DIRECTORS  |                              |   |                                       |
| TITLE   | PTD                          |   |                                       |
| NAME  | MORALES, EDUARDO G           |   |                                       |
| STREET ADDRESS  | 6950 LANDINGS DR., SUITE 101 |   |                                       |
| CITY - ST - ZIP   | LAUDERHILL, FL 33319         |   |                                       |
| TITLE   | VSD                          |   |                                       |
| NAME  | LOPEZ, NANCY                 |   |                                       |
| STREET ADDRESS  | 6950 LANDINGS DR., SUITE 101 |   |                                       |
| CITY - ST - ZIP   | LAUDERHILL, FL 33319         |   |                                       |
| TITLE   |                              |   |                                       |
| NAME  |                              |   |                                       |
| STREET ADDRESS  |                              |   |                                       |
| CITY - ST - ZIP   |                              |   |                                       |
| TITLE   |                              |   |                                       |
| NAME  |                              |   |                                       |
| STREET ADDRESS  |                              |   |                                       |
| CITY - ST - ZIP   |                              |   |                                       |
| TITLE   |                              |   |                                       |
| NAME  |                              |   |                                       |
| STREET ADDRESS  |                              |   |                                       |
| 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 |                              |   |                                       |
| SIGNATURE:   |                              | EDUARDO G. MORALES 04/28/06 (954) 444-3045  |                                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                              | Date  | Daytime Phone #                       |