2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2007 8:00 am Secretary of State DOCUMENT # P04000125794 02-15-2007 90055 030 ***150.00 1. Entity Name PAINT AND PAPER CHASE INC Principal Place of Business Mailing Address 701 SCOTLAND ST DUNEDIN FL 34698 701 SCOTLAND ST DUNEDIN FL 34698 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-1573913 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOARD, GARY 701 Scotland St. DUNEDIN, Fl. 34698 Street Address (P.O. Box Number is Not Acceptable) 1299 MAIN STREET SUITEC DUNEDIN FL 34698 City Zip Code 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 (NOT): Registered Agent signature required when rehistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11 DHI Delete TITLE ☐ Addition HOARD, CARY ST. HOARD, GARY NAME NAME 1299 MAIN STREET STE C STREET ADDRESS STREET ADDRESS DUNEDIN FL-34698 DUNEDIN, Fl. 34698 CHY ST ZIP CHY-SI-7IP □ Delete ☐ Addition HOARD PATRICIA HOARD, PATRICIA NAMi 1299 MAIN STREET STE C STREET ADDRESS STREET ADDRESS DUNEDIN FL 34698 DUNEDIN, F1. 34698 CHY ST 7IP CHY ST 7IP TITLE Delate THE - Change - Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST-ZIP ☐ Delete Addition NAM NAMI STREET ADDRESS STREET ADDRESS CHY SI ZIP CITY-ST-/IP HIRE ☐ Delete HILLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST-7IP 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 eath; 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.

CITY ST ZIP

HILE

NAME STREET ADDRESS

TITLE

STREET ADDRESS CITY ST-ZIP

Delete

FILED

☐ Change

☐ Addition