2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE

FILED DOCUMENT # P04000152682 Feb 12, 2007 08:00 AN Secretary of State 1. Entity Name RED HOT PAINTING, INC. Principal Place of Business Mailing Address 1289 MEISSEN AVENUE N.W. 1289 MEISSEN AVE NW PALM BAY FL 32908 PALM BAY FL 32907 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Api. #, ctc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-1986607 Not Applicable Zip Ζιp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, JULIO Street Address (P.O. Box Number is Not Acceptable) 1289 MÉISSEN AVENUE N.W. PALM BAY FL 32908 City Zip Codo 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 Signature, typed or printed name of registered agent and title r applicable, (NOTE: Registered Agent's quatura required when reinstation) DATE 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 11111 Delete TITLE □ Change ■ Addition GARCIA, JULIO U000000631160 NAME NAME 1289 MEISSEN AVENUE N.W. 02/20/07-80037-002 150.00 STREET ADDRESS STREET AODRESS PALM BAY FL 32908 CITY-ST-7IP CITY-ST-ZIP Delete ■ Addition Ш Change NAMI STREET LADDRESS STHEET ADDRESS CHY-S1-7IP CITY+S1-7IP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- 7/P 11111 ☐ Delete Change Addition NAMI NAME STREET ADDRESS SHREET ADDRESS CHY-SI-7IP CITY+SI+7/P ☐ Delete ☐ Change ☐ Addition Hilli TITLE MAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 9111 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STOLLL ADDRESS STREET ADDITESS CHY-S1-7P CITY-S1-ZIP 12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos, I further cortify 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

Tulio GARCIA