2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000001581

Entity Name: TRUST PAINTING DECORATION, CORP

FILED Oct 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

406 SE 22ND TERR. CAPE CORAL, FL 33990

Current Mailing Address: New Mailing Address:

406 SE 22ND TERR. CAPE CORAL, FL 33990

FEI Number: 20-2128920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION

11601 S CLEVELAND SUITE -6

FORT MYERS, FL 33907 US

DIEMEDIO, GREGORY M

5415 SW 21 PL

CAPE CORAL, FL 33914 US

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: GREGORY M DIEMEDIO 10/10/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: DEPAULA, EDSON COSTA Name: DEPAULA, EDSON C

 Name:
 DEPAULA, EDSON COSTA
 Name:
 DEPAULA, EDSON C

 Address:
 406 SE 22ND TERR.
 Address:
 406 SE 22ND TERR

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:
 CAPE CORAL, FL 33990

Title: VP () Delete Title: VP (X) Change () Addition Name: DIEMEDIO, GREGORY M Name: DIEMEDIO, GREGORY M

 Address:
 406 SE 22ND TERR.
 Address:
 5415 SW 21 PL

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:
 CAPE CORAL, FL 33914

Title: D () Delete Title: D (X) Change () Addition

 Name:
 PAULA, IVONE OLIVEIRA
 Name:
 PAULA, IVONE O

 Address:
 406 SE 22ND TERR.
 406 SE 22ND TERR.

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:
 CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GREGORY M DIEMEDIO VP 10/10/2007