2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 22, 2007 08:00 AM **DOCUMENT # P05000007468 Secretary of State** UPTOWN PAINTING AND MAINTENANCE, INC. Principal Place of Business Mailing Address 3306 CALLIE DEL MAR 3306 CALLIE DEL MAR MELBOURNE, FL 32904 MELBOURNE, FL 32904 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3338245 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent **GUTHRIE, THOMAS J** DO NOT WRITE 3306 CALLIE DEL MAR MELBOURNE, FL 32904 IN THIS SPACE 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) Signature, typed or printed name of registered epent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE **GUTHRIE, THOMAS J** NAME STREET ADDRESS 3306 CALLIE DEL MAR CITY-ST-ZIP MELBOURNE, FL 32904 U00000642745 03/01/07-80050-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS