2008 FOR PROFIT CORPORATION

Apr 24, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P05000009881 1. Entity Name T B PAINTING SERVICES, INC Principal Place of Business Mailing Address 6152 CHECKMATE LANE 6152 CHECKMATE LANE JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 No Cha-P CR2E034 (11/05) 02272008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2192741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SONYA'S BOOKKEEPING, INC DO NOT WRITE 2355 TIGRESS LANE MIDDLEBURG, FL 32068 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BROWN, TERRELL A NAME STREET ADDRESS 6152 CHECKMATE LANE ` \U00000918923 05/13/08-80102-005 150.00 JACKSONVILLE, FL 32244 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE:

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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED