2007 FOR PROFIT CORPORATION

Apr 20, 2007 8:00 am Secretary of State ANNUAL REPORT 04-20-2007 90085 007 ***150.00 DOCUMENT # P05000027004 1. Entity Name NEW LIFE PAINTING & HOME IMPROVEMENT, INC. Principal Place of Business Mailing Address 10791 6TH AVENUE-GULF 10791 6TH AVENUE-GULF MARATHON, FL 33050 MARATHON, FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 04-3807223 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUCEY, COLETTE K Street Address (P.O. Box Number is Not Acceptable) 10910 5TH AVENUE-GULF MARATHON, FL 33050 City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE ☐ Change Addition TITLE Delete LUCEY, JOHN P NAME NAME STREET ADDRESS STREET ADDRESS 10910 5TH AVENUE-GULF MARATHON, FL 33050 CITY-ST-ZIP CITY-ST-ZIP SVD Detete TITLE TITLE Change ☐ Addition LUCEY, COLETTE K NAME NAME STREET ADDRESS 10910 5TH AVENUE-GULF STREET ADORESS MARATHON, FL 33050 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

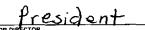
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee enhowered 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP



FILED