2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Jun 22, 2006 8:00 am Secretary of State **DOCUMENT # P05000061376** 05-03-2006 90247 012 ***150.00 CHAD'S PAINTING, INC. Principal Place of Business Mailing Address 66020333 3329 2ND AVE. WEST 3329 2ND AVE. WEST BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address Suite. Act. #. etc. Suite Ant # etc. 02262006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number - 20 - 27 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALZER, CHAD A Street Address (P.O. Box Number is Not Acceptable) **3329 2ND AVE. WEST BRADENTON, FL 34208** Zip Code 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 privide name of regularised agains and bitle if applicable (NOTE: Received Agent signature required when reinstacing) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Addition **IM.**E TIPLE Change MAME BALZER, CHAD A NAME 3329 2ND AVE. WEST STREET ADDRESS STREET ADDRESS BRADENTON, FL 34208 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE BALZER, JACQUELINE Y NAME STREET ADDRESS 3329 2ND AVE. WEST STREET ADDRESS CITY-ST-20 BRADENTÓN, FL 34208 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7P TITLE Dielete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE Deleta TOF Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-S1-78 CITY-ST-ZIP TIFLE ☐ Delete MLE ☐ Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby cortify that the information supplied with this filing does not quality 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 cath; 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.

INTED MAKE OF SIGNING OFFICER OR ORDECTOR

FILED