2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 27, 2009
Secretary of State

DOCUMENT# P05000079104

Entity Name: PIKE PAINTING NAVARRE, INC.

Current Principal Place of Business:

2900 OAK HARBOR DR.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

2900 OAK HARBOR DR.
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 20-2936401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DUFFEY, RANDALL
Address: 2900 OAK HARBOR DR.
City-St-Zip: NAVARRE, FL 32566

Title: S ( ) Delete
Name: THOMPSON, AUDRA
Address: 2900 OAK HARBOR DR.
City-St-Zip: NAVARRE, FL 32566

Title: T ( ) Delete
Name: MCKEOWN, DENNIS
Address: 2900 OAK HARBOR DR.
City-St-Zip: NAVARRE, FL 32566

Title: V ( ) Delete
Name: DUFFEY, JASON
Address: 2900 OAK HARBOR DR.
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MCINTOSH, DWAYNE
Address: 2900 OAK HARBOR DR.
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RANDALL DUFFEY PD 07/27/2009

Electronic Signature of Signing Officer or Director — Date