2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: /

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P05000096766 04-28-2008 90358 027 ***150 00 MCLEAN MASTER PAINTERS INC. Principal Place of Business Mailing Address 8336 LAGOON RD 8336 LAGOON RD FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 20-3127668 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Baldwin CHASE, CHRIS O. Box Number is Not Acceptable) 8336 LAGOON RD: FORT MYERS BEACH, FL 33931 Beach 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Kathy Baldwing 8336 Lagoon Rd CHASE, CHRIS NAME NAME STREET ADDRESS 8336 LAGOON RD STREET ADDRESS FORT MYERS BEACH, FL 33931 Ft. Myers Beach, Fl 33931 CITY-ST-ZIP CITY-ST-7LP TITLE VΡ ☐ Delete TITLE ☐ Addition MARTINEZ, GAUDENCIO NAME NAME STREET ADDRESS 1702 CYPRESS DR. STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Guillermo Ahilon P.o. Box 182 NAME LIMA, RUDI NAME 4245 HERITAGE APTS 203 STREET ADDRESS STREET ADDRESS Estero, F/ 33928 NAPLES, FL 34116 CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reserver 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.

4-21-08

FILED