2007 FOR PROFIT CORPORATION

Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000014169 04-30-2007 90848 005 ***150.00 1. Entity Name FIRST RATE PAINTING, INC. Principal Place of Business Mailing Address 1851 LYONS ROAD 1851 LYONS ROAD #308 #308 COCONUT CREEK, FL 33063 COCONUT CREEK, FL 33063 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20 - 4397978 Not Applicable Zip Country 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 Name ROBERTS, PHILLIP PAUL JR 1851 LYONS ROAD Street Address (P.O. Box Number is Not Acceptable) #308 COCONUT CREEK, FL 33063 City 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 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TELLE Delete TITLE Change ☐ Addition ROBERTS, PHILLIP PAUL JR 1851 LYONS ROAD #308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33063 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered. PHILLEP ROBERTS

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ////

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED