

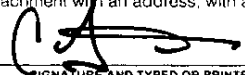


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000068802 1. Entity Name G/M PAINTING SERVICE INC.						FILED 07 JUL 25 PM 3:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3694 UNION HILL RD BONIFAY, FL 32425				Mailing Address 3694 UNION HILL RD BONIFAY, FL 32425			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent GUADALOPE, CANDIDO 3694 UNION HILL RD BONIFAY, FL 32425				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 7/25/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUADALOPE, CANDIDO <input type="checkbox"/> Delete 3694 UNION HILL RD BONIFAY, FL 32425			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Direct. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OSCAR A. AGUIRRE RUIZ 3694 Union Hill Rd Bonifay FL 32425		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BI-P <input checked="" type="checkbox"/> Delete MELENDEZ, IGNACIO 202 ROBIN LAKE PANAMA CITY BEACH, FL 32404			TITLE NAME STREET ADDRESS CITY-ST-ZIP	BI-P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSE D. VALDIVIAZO 3694 Union Hill Rd Bonifay FL 32425		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200106705842 07/26/07--01002--004 **200.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200106705842 07/26/07--01002--005 **8.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 7/25/07 <small>Date</small>			
<small>Daytime Phone #</small>							