2007 FOR PROFIT CORPORATION -**ANNUAL REPORT (AR)**

SIGNATURE

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P06000080340 1. Entity Name 04-17-2007 90054 024 ***158.75 BRUNI'S PAINTING & PRESSURE WASHING, INC. Principal Place of Business Mailing Address 6553 GULF GATE PLACE 6553 GULF GATE PLACE APT.#343 SARASOTA FL 34231 SARASOTA FL 34231 3. Mailing Address 2. Principal Place of Business - No P.O. Box # RITA STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) House House 4_FEI Number 562592101 City & State Applied For HORIDA Florida ARASOTA Not Applicable \$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 BRUNI, FRANK Street Address (P.O. Box Number is Not Acceptable) 6553 GULF GATE PLACE APT.#343 SARASOTA FL 34231 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 Florida. Lam familiar with, and accept the obligations of registered agent. <u>4-6-2005</u> are. Noed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** TITLE TITLE Delete ☐ Change Addition BRUNI, FRANK NAME 6553 GULF GATE PLACE APT.#343 STREET ADDRESS STREET ADORESS SARASOTA FL 34231 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition BRUNI, FRANK NAME NAME 6553 GULF GATE PLACE APT.#343 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY - ST - ZIP CITY - ST - ZIP ☐ Deleie TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS AID AT 30 817-CT 76 ☐ Change mu Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete THEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJ1Y - S1 - 7!P TUTLE Сhange Delete THEF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED