2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000122098

Entity Name: NOEL'S PAINTING & HANDY SERVICES INC

FILED Jan 27, 2012 Secretary of State

| Littly Name. NOLLS FAINTING | & HANDI SERVICE | S INC. | |
|---|-------------------------|------------------------------------|--------------------------------------|
| Current Principal Place of Business: | | New Principal Place of Business: | |
| 2469 TALL MAPLE LOOP OCOEE, FL 34761 | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 2469 TALL MAPLE LOOP OCOEE, FL 34761 | | | |
| FEI Number: 02-0789696 FEI Num | ber Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | |
| SUTTER, BERNARD R 1207 ILLINOIS AVE ST CLOUD, FL 34769 US | | | |
| The above named entity submits the State of Florida. | iis statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATURE: | | | |
| Electronic Signati | ure of Registered Age | ent | Date |
| OFFICERS AND DIRECTORS: | | | |
| Title: P | | | |

Name: TORRES, ANGELA
Address: 2469 TALL MAPLE LOOP
City-St-Zip: OCOEE, FL 34761

Title: VP

Name: TORRES, NOEL
Address: 2469 TALL MAPLE LOOP
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: ANGELA TORRES P 01/27/2012