2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060142

City-St-Zip: VENICE, FL 34293

Entity Name: CLADDAGH CUSTOM PAINTING INC.

FILED Apr 30, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|--------------------------------------|-----------------------------------|--|--|
| 245 WILLOWICK WA` VENICE, FL 34293 | Y | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 245 WILLOWICK WA` VENICE, FL 34293 | Y | | | |
| FEI Number: 26-2839404 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address o | of Current Registered Agent: | Name and Address o | ame and Address of New Registered Agent: | |
| GALVIN, JOHN J 245 WILLOWICK WA` VENICE, FL 34293 | • | | | |
| The above named ent in the State of Florida. | ity submits this statement for the p | urpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | nt | Date | |
| Election Campaign Finan | cing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: PD Name: GALVIN, JO Address: 245 WILLO | | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN GALVIN PD 04/30/2009