2006 FOR PROFIT CORPORATION ANNUAL REPORT

RICK L. BERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P92000009847 01-30-2006 90036 018 ***150.00 B & G PAINTING INC. Principal Place of Business Mailing Address 600**07819** 6017 JARVIS ST 6017 JARVIS ST **TAMPA, FL 33634 TAMPA, FL 33634** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 Cho-P CR2E034 (11/05) City & State City & State 4 FEI Number Applied For 59-3155612 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERG, RICK L. GORECKI, DARRYL Street Address (P.O. Box Number is Not Acceptable) 1090 PINELLAS BAYWAY #B6 TIERRA VERDE, FL 33175 13903 MIDDLE PARK DRIVE 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 SIGNATURE RICE L. BERG Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition ☐ Change GORECKI, DARRYL NAME NAME 6017 JARVIS ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP President Berg, Rick L. Goit Jarvis St. VP TITLE Delete TITLE Change ☐ Addition NAME BERG, RICK NAME STREET ADDRESS 6017 JARVIS ST STREET ADDRESS TAMPA, FL 33624 CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CHOOLS STEVE RHODES, STEVE NAME STREET ADDRESS 6077 JARVIS ST. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 TAMPA, =L 33634 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Jan 30, 2006 8:00 am

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