


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000021857
 1. Entity Name
THE PAINT STORE, INC.



Principal Place of Business Mailing Address
300 S. MAIN STREET **300 S. MAIN STREET**
BELLE GLADE, FL 33430 US **BELLE GLADE, FL 33430 US**

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0566525 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBINSON, VERA L
300 S. MAIN STREET
BELLE GLADE, FL 33430

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | ROBINSON, KENNETH L |
| STREET ADDRESS | 932 SE 4TH STREET |
| CITY-ST-ZIP | BELLE GLADE, FL 33430 |
| TITLE | D |
| NAME | ROBINSON, VERA L |
| STREET ADDRESS | 932 SE 4TH STREET |
| CITY-ST-ZIP | BELLE GLADE, FL 33430 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Vera L. Robinson* 4-19-05 561-996-2510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #