2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 08:00 AN Secretary of State **DOCUMENT # P95000056607** 1. Entity Name ADVANCE PAINTING & DECORATING, INC. Principal Place of Business Mailing Address 2518 S.W. 25TH PLACE 2518 S.W. 25TH PLACE CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 04192008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0600613 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LISZEWSKI, LEONARD L DO NOT WRITE 2110 CLEVELAND AVE FT MYERS, FL 33901 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agriture required when reinstating) Pile Now!!! Pee 18 \$150.00 9. Election Campaign Financing 9. Election Campaign Financing 9. Added to Fees 05/13/08-80021-019 150.00 OFFICERS AND DIRECTORS TITLE NAME RUSSO, VICTORIA 2518 SOUTHWEST 25 PLACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL,, FL TITLE NAME RUSSO, NICHOLAS J STREET ADDRESS 2518 SOUTHWEST 25 PI CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 807, 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP