2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 25, 2008 08:00 AM Secretary of State **DOCUMENT # P95000065920** 1. Entity Name 4/D PAINTING, INC. Principal Place of Business 11968 S.W. 110TH STREET, CIRCLE SOUTH 11968 S.W. 110TH STREET, CIRCLE SOUTH MIAMI, FL 33186 MIAMI, FL 33186 02152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0604362 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURPHY, DIANIA DO NOT WRITE 11968 S.W. 110TH STREET, CIRCLE SOUTH MIAMI, FL 33186 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or grinted name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UGGOOO838200 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MURPHY, DIANIA 11968 S.W. 110TH ST. CIRCLE SOUTH STREET ADDRESS CITY - S1 - ZIP MIAMI, FL TITLE STREET ADDRESS CITY-S1-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-S1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE

12. I hereby certify that the information supplied with this filling does not qualify for the examptions 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.

NAME STREET ADDRESS CHY-SI-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

FILED