FILED Aug 12, 2005 8:00 am Secretary of State 05-17-2005 90011 046 ***550.00

5/11

1. Entity Name	MENT # P9500007 PAINTS BY RALPH G.,	j					DDU&J1 VA
Principal Place 141 BILBAU ST AUGUSTIN	DR	Maiirig Address 141 BILBAO DR ST AUGUSTINE, FL	32086) 		
D	O NOT WRIT		SPA	CE	04272005 4. FEI Numb 59-334	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
GOMEZ; R 141 BILBA ST AUGUS		it Registered Agent		DO NOT WRI IN THIS SPAC			
	named entity submists this statement ions of registered againt.			ed office or register of Agent square required			oride. I am familiar with, and accept
FILL ARèr Ma		9. Election Ca Trust Fund to DIRECTORS	Impaign Finar Contribution.		.00 May Bo led to Fees	·	and the second second
TITLE HAME SIREET ADDRESS CITY-ST-ZIP TITLE HAME	P GOMEZ, RALPH 141 BILBAO DR ST. AUGUSTINE, FL 32086						
STREET ADDRESS CITY-ST-ZEP TITLE MAME STREET ADDRESS CITY-ST-ZEP TITLE MAME STITLET ADDRESS					DO NOT WRITE IN THIS SPACE		
CITY-SI-OP TITLE NAME SIREET ADDRESS CITY-8T-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP							
	certify that the information supplied w on this report or supplemental pro- portation or the receiver or trustee em or on an attachment with an address	th this tiling does not qualities but and accurate and it powered to execute this re, with all other like empower	ly for the exer hat my signal port as required.	mption stated in Se ture shall have the s red by Chapter 607	ction 119.07(3)(tarne legal effec , Florida Statute	i), Florida Statutes. I It as if made under o is; and that my name	further certify that the information bath; that I am an officer or director a appears in Block 10 or Block 11 if

j 2005 FOR PROFIT CORPORATION

ANNUAL REPORT ATTACHMENT DOCUMENT # P95000076155 PERFECT PAINTS BY RALPH G., INC. Principal Place of Business Mailing Address (16025751 141 BILBAO DR 141 BILBAO DR ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086 04272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3345240 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOMEZ, RALPH A DO NOT WRITE 141 BILBAO DR ST AUGUSTINE, FL 32086 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 6-8-05 SIGNATURE. Signature, typed of e of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GOMEZ, RALPH STREET ADDRESS 141 BILBAO DR CITY-ST-ZIP ST. AUGUSTINE, FL 32086 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

SIGNATURE: