2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2008 08:00 Al Secretary of State DOCUMENT # P96000015982 1. Entity Name AL ELDRIDGE PAINTING & WATERPROOFING, INC. Principal Place of Business Mailing Address 14032 SW 140 ST 14032 SW 140 ST MIAMI, FL 33186 US MIAMI, FL 33186 CR2E034 (11/05) No Chg-P 03132008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-0811711 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELDRIDGE, ALVIN DO NOT WRITE 14032 SW 140 ST 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ELDRIDGE, ALVIN NAME STREET ADDRESS 14032 SW 140 ST MIAMI, FL 33186 CITY-ST-ZIP 104/10/08-80067-004-150:00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 empower to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 Signature shall have the same legal effect as if made under oath; that I am an officer or director 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 addre

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED