2007 FOR PROFIT CORPORATION

FILED Mar 16, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P98000017682 ALEX KAPAYIANNIDIS PAINTING, INC. Principal Place of Business Mailing Address **6795 WEATHERBY CT 6795 WEATHERBY CT** NAPLES, FL 34104 NAPLES, FL 34104 03062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3495276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KAPAYIANNIDIS, ALEX DO NOT WRITE 6795 WEATHERBY CT NAPLES, FL 34104 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 0000000669215 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 03/27/07-80063-011 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITI F ח KAPAYIANNIDIS, ALEX NAME STREET ADDRESS 6795 WEATHERBY CT CITY-ST-ZIP NAPLES, FL 34104 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

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 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.

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

Daylime Phone #