2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90095 041 ***150.00 DOCUMENT # P98000045115 1. Entity Name DAVIS PAINTING SERVICES INC. 60028584 Principal Place of Business Mailing Address 1926 FERN PLACE 1926 FERN PLACE DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 59-3512622 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 1926 FERN PL DAYTONA BEACH, FL 32119 City Zip Code FL 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) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PS TITLE Delete TITLE Change Addition Davis, Chris 1926 Fern place NAME DAVIS, CHRIS NAME 1926 FERN PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 CITY-ST-ZIP Daytonal 18th, FL. 32119 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILLIAMS, RANDY NAME STREET ADDRESS 6708 CALISTOGA CIR STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32128 CITY-S1-ZIP TITLE Delete TITLE Change ☐ Addition BALDWIN, ANDREW NAME NAME STREET ADDRESS 2020 MIKE ST STREET ADDRESS CITY-ST-ZIP SOUTH DAYTONA, FL 32119 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME 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

SIGNATURE:

STREET ADDRESS

CITY-SI-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2006

FILED