2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P99000012969 01-10-2007 90045 014 ***150.00 AL'S PAINTING, INC. Mailing Address Principal Place of Business 400000 13301 BISCAYNE DRIVE 13301 BISCAYNE DRIVE GRAND ISLAND, FL 32735 GRAND ISLAND, FL. 32735 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13410 DEE/ MEAdOW عدم Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01072007 Chg-P Applied For City & State 4. EEI Number SLAN 10 59-3558708 Not Applicable OMAN Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 1/c 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RINGER, ALLEN Street Address (P.O. Box Number is Not Acceptable) 13301 BISCAYNE DRIVE GRAND ISLAND, FL 32735 Zip Code City 8. The above named entity submits his 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 SIGNATUR**€** Signature, typed or printed name of registered DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE IIILE ☐ Defete NAME RINGER, WALKTER A NAME STREET ADDRESS 13301 BISCAYNE DR. STREET ADDRESS CITY-ST-ZIP GRAND ISLAND, FL 32735 CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE Change Addition III) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Walter SIGNATURE: Daytime Phone # SNING OFFICER OR DIRECTOR Date

FILED

Jan 10, 2007 8:00 am