2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 28, 2005 8:00 am **Secretary of State DOCUMENT # P99000050788** 02-28-2005 90188 019 ***150.00 1. Entity Name RANEW'S PAINTING, INC. Principal Place of Business Mailing Address RANEW'S PAINTING, INC. 9180 GALLENIA CT 1885 DESOTO BLVD S SUITE 700 NAPLES, FL 34109 NAPLES, FL 34117 CR2E034 (10/03) 01202005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3578126 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STEWART, JAMES C JR. DO NOT WRITE 9180 GALLERIA CT IN THIS SPACE NAPLES, FL 34109 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RANEW, CHRISTOPHER K NAME STREET ADDRESS 1885 DESOTO BLVD S CITY-ST-ZIP NAPLES, FL 34117 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

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:

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

FILED