2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 23, 2006 8:00 am Secretary of State DOCUMENT # P99000056661 08-23-2006 90001 008 ***150.00 STEVE'S PROFESSIONAL PAINTING, INC. Principal Place of Business Mailing Address 50026063 127 WESTWOOD DRIVE 127 WESTWOOD DRIVE DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 2. Principal Place of Business Suite, Apt. #, etc. 07172006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State 59-3582035 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOGUIDICE, JOE Street Address (P.O. Box Number is Not Acceptable) 1515 RIDGE WOOD AVE HOLLY HILL, FL 32119 Zip Code 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. SIĞNATÜRE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! TEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 40. ☐ Delete TITLE Addition TITLE BARONI, STEVE NAME NAME 127 WEST WOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME - -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 prodress, with all other titled empowered.

TEUE J BARCON JR.

INING OFFICER OR DIRECTOR

FILED