FILED **2006 FOR PROFIT CORPORATION** May 01, 2006 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P99000109434 APEX PAINTING COMPANY, INC. Mailing Address Principal Place of Business 6508 NW 57 CT. 6508 NW 57 CT. TAMARAC, FL 33321 TAMARAC, FL 33321 CR2E034 (11/05) 04252006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0969493 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REDMAN, BRIAN K 6508 NW 57 CT. TAMARAC, FL 33321 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 it applicable. (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, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE REDMAN, BRIAN K NAME 6508 NW 57 CT. STREET ADDRESS CHY-SI-7P TAMARAC, FL 33321 U00000552332 05/15/06-80007-005 150.00 NAME STREET ADDRESS CHY-SI-BP NAME STREET ADDRESS DO NOT WRITE CITY-\$1-20P IN THIS SPACE HILE STREET ADDRESS CITY ST-ZIP THLE STREET ADDRESS CHY-ST-ZIP

12. Thereby 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 eceiver or pushes impowered 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 other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

SIGN DORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

250ng Ny/25/06

954 693-52 Davime Phone #