Apr 03, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION Annual THEORNESS SINCE THE WEST 04-03-2007 90008 024 ***150.00 DOCUMENT # P99000109434 1. Entity Name APEX PAINTING COMPANY, INC. DO NOT WRITE IN THIS SPACE 3. Mailing Address 3291 NW 63RD ST 2. Principal Place of Business 3291 NW 63RD ST Suite, Apt. #, etc. WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For FT LAUDERDALE, FL FT LAUDERDALE, FL 65-0969493 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33309 33309 Fee Required 7. Name and Address of Current Registered Agent Name REDMAN, BRIAN K DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 3291 NW 63RD ST IN THIS SPACE

City Zip Code FT LAUDERDALE

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 reg	istered agent	and title if applica	able. (NC	TE: Regist	ered Agent signature required when reinstating)	DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00

9. Election Campaign Financing

\$5.00 May Be

Amended UBR is \$61.25 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS
DIRECTOR/PRESIDENT 11. TITLE TITLE NAME REDMAN, BRIAN K NAME 3291 NW 63RD STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL 33321 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE

BRIAN REDMAN, PRESIDENT

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-683-5790

Daytime Phone #