

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # S88937 1. Entity Name PAINTING BY DUDLEY, INC.		
Principal Place of Business 10868 WINDING CREEK WAY BOCA RATON, FL 33428	Mailing Address 10868 WINDING CREEK WAY BOCA RATON, FL 33428	
DO NOT WRITE IN THIS SPACE		 03052006 No Chg-P CR2E024 (11/05)
		4. FEI Number 65-0297477 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARSHALL, DUDLEY 10868 WINDING CREEK WAY BOCA RATON, FL 33428		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1000000450327 03/20/06-80024-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, DUDLEY 10868 WINDING CREEK WAY BOCA RATON, FL	
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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.		
SIGNATURE: <u>Dudley Marshall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-5-06 487-7113 <small>Date Daytime Phone #</small>

DUDLEY MARSHALL