2005 FOR PROFIT CORPORATION ANNUAL REPORT

S!GNATURE:

FILED Apr 11, 2005 08:00 AM Secretary of State

Daytime Phone #

S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent ZIEMBA, FRANKLIN P 210 BRIGGS CT SARASOTA, FL 34237 BY THIS SPACE 3. 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 like # applicable. (NOTE. Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS	DOCUMENT # P03000131971 1. Entity Name A-1 AFFORDABLE PAINTING, INC.				Secretary of State			
DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0509(18 S. T. S. Address of Current Registered Agent. ZIEMBA, FRANKLIN P 210 BRIGGS CT SARASOTA, FL 34237 FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 D. Election Compaging Francing Trust Fund Contribution. 2. Election Compaging Francing Trust Funds of Fee Will be \$550.00 D. S. RASOTA, FL 34237 FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 D. Election Compaging Francing Trust Fund Contribution. 3. Source Nove Representation of Registered Agent. 2. Election Compaging Francing Trust Fund Contribution. 3. Source Nove Representation of Registered Agent. Source Registered Agent	210 BRIGGS	S CT	210 BRIGGS CT					
THE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICES AND DIRECTORS TILE INME SINET ADDRESS CITY-ST-2IP TILE NAME SINET ADDRESS CITY-ST-2IP TILE SINET ADDRESS	ZIEMBA, I 210 BRIG SARASOT	6. Name and Address of Current Ro FRANKLIN P GS CT FA, FL 34237	ecletered Agent		04052005 4. FEI Numb 20-050 5. Certificate	No Chg-P Der 199018 So of Status Desired NOT WI	CR2E034 (10 \$8.7 Fee R RITE ACE	Applied For Not Applicable 5 Additional equired
TITLE NAME ZIEMBA, FRANKLIN P STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	signature.	Signature, typed or printed name of registered agent and	little if applicable. (NOTE. Registere	d Agent signature required	when reinstating)		DATE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	D ZIEMBA, FRANKLIN P 210 BRIGGS CT	RECTORS					
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS				DO	NOT WI	RIJE	All and a second a
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		م المحدد					
STREET ADDRESS	NAME STREET ADDRESS CATY-ST-ZIP						TEL TOWN	
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	STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with thi on this report or supplemental report is tru- poration or the reneway or trustee amounts	s filing does not qualify for the exen e and accurate and that my signate.				adiana and a second second	the Information