


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90094 038 ***150.00

DOCUMENT # P01000082418

1. Entity Name
SCHERRER PAINTING CONTRACTORS, INC.



Principal Place of Business Mailing Address

235 NW 45TH ST 235 NW 45TH ST
 BOCA RATON, FL 33431 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
65-1130331	Not Applicable

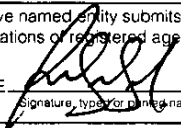
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHERRER, RONILDO S
 235 NW 45TH STREET
 BOCA RATON, FL 33431

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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:  _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SCHERRER, RONILDO
STREET ADDRESS	235 NW 45TH ST
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	VP
NAME	SCHERRER, KELLY
STREET ADDRESS	235 NW 45TH ST
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	T
NAME	RODRIGUES, BENEDICTINE
STREET ADDRESS	4371 SW 160 AVE #100
CITY - ST - ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #