


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90008 023 ***150.00

DOCUMENT # P03000002624

1. Entity Name
ZANNINI PAINTING INC.



Principal Place of Business
**1948 SE PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34952**

Mailing Address
**1948 SE PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34952**



2. Principal Place of Business
484 SW SAGINAW AVE.
 Suite, Apt. #, etc.

3. Mailing Address
484 SW SAGINAW AVE.
 Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/06)

City & State
PORT ST LUCIE, FL

City & State
PORT ST LUCIE, FL

Zip
34953 Country
USA

Zip
34953 Country
USA

4. FEI Number **02-0648671** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ZANNINI, JOANNE
1948 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
484 SW. SAGINAW AVE
 City **PORT ST LUCIE** FL Zip Code **34953**

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: *Joanne Zannini* (NOTE: Registered Agent signature required when reinstating) DATE: **7-25-06**

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZANNINI, JOANNE 1948 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICCI, MAURIZIO 187 SE VILLAGE DR PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZANNINI, LOUIS 237 SE VILLAGE DR PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	484 SW SAGINAW AVE. PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joanne Zannini* **Joanne Zannini** DATE: **7-25-06** DAYTIME PHONE #: **772-398-7041**