

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 MAY -9 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000122867 1. Entity Name JOHN ALVAREZ CUSTOM HOME PAINTING, INC.	
--	---

Principal Place of Business 1423 NAUTILUS DRIVE NAVARRE, FL 32566 US	Mailing Address 1423 NAUTILUS DRIVE NAVARRE, FL 32566 US
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



03312005 Chg-P CR2E034 (10/03)

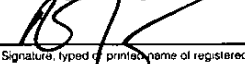
4. FEI Number 20-0434567	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent R. LANE LYNCHARD, P.A. 8285 NAVARRE PARKWAY NAVARRE, FL 32566

7. Name and Address of New Registered Agent Name Lynchard Law Firm PA. Street Address (P.O. Box Number is Not Acceptable) 7552 Navarre Pkwy Suite 9 City Navarre FL Zip Code 32566
--

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 	DATE 3/31/05
---	---------------------

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
------------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ALVAREZ, JOHN
STREET ADDRESS	1423 NAUTILUS DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D <input type="checkbox"/> Delete
NAME	ALVAREZ, ELIZABETH K
STREET ADDRESS	1423 NAUTILUS DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	V <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400054694534
STREET ADDRESS	05/17/05--01080--019 **61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Sterling Alan Sweetman
STREET ADDRESS	1423 Nautilus Dr.
CITY-ST-ZIP	Navarre, FL 32566
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE 3/31/05
--	---------------------