


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000073839 1. Entity Name "AAA'S" PAINTING AND PRESSURE CLEANING INC.	
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FILED

06 NOV -9 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2442 FLORIDA ST W PALM BEACH, FL 33406	Mailing Address 2442 FLORIDA ST W PALM BEACH, FL 33406
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REINSTATEMENT (11/05) 5010

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCALA, SCOTT 2442 FLORIDA ST W PALM BEACH, FL 33406	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Scott Scala 11-6-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P SCALA, SCOTT	<input type="checkbox"/> Delete		TITLE	300091657113 11/09/06--01029--023 **900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCALA, SCOTT			NAME			
STREET ADDRESS	2442 FLORIDA ST			STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH, FL 33406			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCALA, FELICIA			NAME			
STREET ADDRESS	2442 FLORIDA ST			STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH, FL 33406			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Scott Scala 11-6-2006 (501) 640-9089
Signature and typed or printed name of signing officer or director Date Daytime Phone #