## 2008 FOR PROFIT CORPORATION

## **FILED** Apr 16, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P04000083348 NU FINISH PAINT TECHNOLOGIES, INC Principal Place of Business Mailing Address 6338 GREENEDGE CT 6338 GREENEDGE CT WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 04022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 73-1705129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent $\mathcal{L}_{\mathcal{A}} = \{ (a_{ij}^{(i)}, a_{ij}^{(i)}) \mid a_{ij}^{(i)} \in \mathcal{A} : a_{ij}^{(i)} \in \mathcal{A} \}$ DO NOT WRITE DELISI, MARTIN V 2000 PGA BLVD. STE 3206 IN THIS SPACE PALM BEACH, FL 33408 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) <del>U00000899828</del> 04/29/08-80004-020 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PETERSON, FRANK L NAME STREET ADDRESS 6338 GREENEDGE CT CITY-ST-ZIP WEST PALM BEACH, FL 33411 PETERSON, VICKIE L NAME STREET ADDRESS 6338 GREENEDGE CT CITY-ST-ZIP WEST PALM BEACH, FL 33411 NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRI IN THIS SPACE

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #