



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 16 PM 12:00

DOCUMENT # P04000093782 1. Entity Name PAINTING THE WORLD SERVICES CORP.			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 MAY 16 PM 12:00	
Principal Place of Business 14897 SW. 175 STREET MIAMI, FL 33187		Mailing Address 14897 SW. 175 STREET MIAMI, FL 33187		
2. Principal Place of Business <i>6441 SW 164 Ct.</i>	3. Mailing Address <i>Same</i>			
City & State Miami, FL		City & State <i>Same</i>		4. FEI Number 26-0089207
Zip 33193	Country USA.	Zip <i>Same</i>	Country <i>Same</i>	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 FARIAS, EDINSON 6441 SW 164 CT. MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u><i>Alfonso Farias</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARRIN, ERENA 14897 SW. 175 STREET MIAMI, FL 33187	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Correct Name) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ERENA MARTIN 6441 SW 164 CT Miami, FL 33193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARIAS, EDINSON A 6441 SW 164 CT. MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800075111188 05/24/06--01005--011 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 empowerments.				
SIGNATURE: <u><i>Alfonso Farias</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				
			Date	Daytime Phone #