


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 145384**  
 1. Entity Name  
**TOUBY PAINTING CORP.**



Principal Place of Business 100 N.E. 26TH STREET MIAMI, FL 33137	Mailing Address 100 N.E. 26TH STREET MIAMI, FL 33137
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2EQ34 (11/05)

4. FEI Number 59-0541056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 TOUBY, RICHARD  
 19 WEST FLAGLER STREET  
 SUITE 907, BISCAYNE BUILDING  
 MIAMI, FL 33130

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	PD HINNANT, GERALD R 9240 S.W. 146 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HINNANT, JOHNNIE D 9450 S.W. 110TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUSTON, PAUL H 1201 SW 102 AVE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000498327  
 04/22/06-80090-005 150.00

**DO NOT WRITE 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 files empowered.

SIGNATURE: [Signature] 4-6-06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #