

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 251601

FILED  
Jan 26, 2007  
Secretary of State

Entity Name: MARSHALL PAINTING INC

## Current Principal Place of Business:

5944 CORAL RIDGE DR STE 125  
POMPANO BEACH, FL 33076 US

## New Principal Place of Business:

## Current Mailing Address:

5944 CORAL RIDGE DR STE 125  
POMPANO BEACH, FL 33076 US

## New Mailing Address:

FEI Number: 59-0943192      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FURSHMAN, MARSHALL  
5944 CORAL RIDGE DR STE 125  
POMPANO BEACH, FL 33076 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FURSHMAN, MARSHALL  
Address: 5944 CORAL RIDGE DR STE 125  
City-St-Zip: POMPANO BEACH, FL 33076 US

Title: VD ( ) Delete  
Name: FURSHMAN, BRETT  
Address: 5944 CORAL RIDGE DR STE 125  
City-St-Zip: POMPANO BEACH, FL 33076 US

Title: SD ( ) Delete  
Name: FURSHMAN, MARLENE  
Address: 5944 CORAL RIDGE DR STE 125  
City-St-Zip: POMPANO BEACH, FL 33076 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRETT FURSHMAN

VD

01/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date