2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 372941

FILED Mar 08, 2007 Secretary of State

Entity Name: T & S PAINTING AND DECORATING, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
4314 HAR TAMPA, F	TFORD ST. L 33619			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
4314 HAR TAMPA, F	TFORD ST. L 33619			
FEI Number:	: 59-1317387	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
TRAINA, J 4314 HAR TAMPA, F	TFORD ST.			
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
SIGNATU	RE:			
	Electroni	c Signature of Registered Age	ent	Date
Election Car		c Signature of Registered Age Trust Fund Contribution ().	ent	Date
		Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTOR:
OFFICERS Title: Name: Address:	mpaign Financing	Trust Fund Contribution (). FORS: Delete LEE,		
OFFICER: Title: Name: Address: Dity-St-Zip: Title: Name: Address:	PSD () TRAINA, ROSE 4314 HARTFOR TAMPA, FL	Trust Fund Contribution (). FORS: Delete LEE, D ST. 00000, Delete H,	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
	PSD () TRAINA, ROSE I 4314 HARTFOR TAMPA, FL SVP () TRAINA, JOSEP 4314 HARTFOR TAMPA, FL	Trust Fund Contribution (). FORS: Delete LEE, D ST. 00000, Delete H, D ST. 00000, Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR: () Change () Addition
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	PSD () TRAINA, ROSE I 4314 HARTFOR TAMPA, FL SVP () TRAINA, JOSEP 4314 HARTFOR TAMPA, FL VD () TRAINA, MARK, 1719 CARNEGIE TAMPA, FL	Trust Fund Contribution (). FORS: Delete LEE, D ST. 00000, Delete H, D ST. 00000, Delete E CIRCLE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

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: ROSALEE TRAINA PSD 03/08/2007