2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# 608561

Entity Name: MIDSOUTH PAINTING INC.

Current Principal Place of Business:

2077 N. POWERLINE RD.
SUITE 1
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2077 N. POWERLINE RD.
SUITE 1
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-1875061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEFANIC, BOZO
2077 N. POWERLINE ROAD
SUITE 1
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

STEFANIC, GABRIELA
2077 N. POWERLINE ROAD
SUITE 1
POMPANO BEACH, FL 33069 US

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: GABRIELA STEFANIC 04/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STEFANIC, BOZO
Address: 2077 N. POWERLINE ROAD, SUITE 1
City-St-Zip: POMPANO BEACH, FL 33069

Title: VD ( ) Delete
Name: STEFANIC, PETER
Address: 2077 N. POWERLINE ROAD, SUITE 1
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: VD ( ) Delete
Name: STEFANIC, DAVID
Address: 2077 N. POWERLINE ROAD, SUITE 1
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: SD (X) Delete
Name: STEFANIC, GABRIELA
Address: 2077 N. POWERLINE ROAD, SUITE 1
City-St-Zip: POMPANO BEACH, FL 33069 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STEFANIC, GABRIELA
Address: 2077 N. POWERLINE ROAD, SUITE 1
City-St-Zip: POMPANO BEACH, FL 33069

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 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: GABRIELA STEFANIC PD 04/08/2008
Electronic Signature of Signing Officer or Director Date