

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 NOV 20 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312006 Chg-P CR2E034 (11/05)

DOCUMENT # F03000004549					
1. Entity Name SHARPER IMPRESSIONS PAINTING CO.					
Principal Place of Business 4430 TULLER RD DUBLIN, OH 43017			Mailing Address 4430 TULLER RD DUBLIN, OH 43017		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 71-0925495	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHARP, GEOFF 2350 B FLORIDA BLVD. DELRAY BEACH, FL 33483			Name GEOFF SHARP		
			Street Address (P.O. Box Number is Not Acceptable) 7356 ROCKBRIDGE CIRCLE		
			City LAKE WORTH FL		
			Zip Code 33462		
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>GEOFF SHARP</u> PRESIDENT 11/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARP, GEOFF 7401 BRIDLESPUR LANE DELAWARE, OH 43015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES KUPER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7356 ROCKBRIDGE CIRCLE LAKE WORTH, FL 33462		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WOLF, MATTHEW S <input checked="" type="checkbox"/> Delete 2638 SW 5TH ST. BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000082134980 11/29/06--01026--012 **\$61.25		
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		
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 information empowered.					
SIGNATURE: <u>GEOFF SHARP</u> PRESIDENT 11/6/06 (614) 889-8383 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

GEOFF SHARP

7C 11/21