## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000000752

Entity Name: PLATINUM PAINTING AND PRESSURE WASHING INC.

FILED Feb 08, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
12834 LONGCREST DRIVE RIVERVIEW, FL 33569							
Current Mailing Address:				New Mailing Address:			
12834 LONGCREST DRIVE RIVERVIEW, FL 33569							
FEI Number:	FEI Number: 41-1959985 FEI Number Applied For ( )		FEI Num	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Na					lame and Address of New Registered Agent:		
LEACH, DAVID 12834 LONGCREST DRIVE RIVERVIEW, FL 33569 US				LEACH, DAVID C VP 12834 LONGCREST DRIVE RIVERVIEW, FL 33569 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: DAVID LEACH				02/08/2006			
Electronic Signature of Registered Agent Date						Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () Delete LEACH, DAVID 12834 LONGCREST DRIVE RIVERVIEW, FL 33569		Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition LEACH, DAVID C VP 12834 LONGCREST DRIVE RIVERVIEW, FL 33569 US			
Title: Name: Address: City-St-Zip:	D () I ESKEW, WAYNE 1248 WILDWOO CHASKA, MN 55	D WAY		Title: Name: Address: City-St-Zip:	PRES (X) ESKEW, WAYN 1248 WILDWOO CHASKA, MN 5	DD WAY	
Title: Name: Address: City-St-Zip:	D (X) Delete PEDDY, GREG 8176 MALLORY COURT CHANHASSEN, MN 55317			Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () I ZUVERINK, JOS 12834 LONGCRI RIVERVIEW, FL	EST DRIVE		Title: Name: Address: City-St-Zip:	ZUVERINK, JOS	IERE LK DR #303	
Title: Name: Address: City-St-Zip:	D () I BROWN, JOHN 10847 HOFFNEF RIVERVIEW, FL			Title: Name: Address: City-St-Zip:	D (X) BROWN, JOHN 10847 HOFFNE RIVERVIEW, FL	R EDGE DRIVE	

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: DAVID LEACH VP 02/08/2006