

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36259

FILED
Jan 26, 2006
Secretary of State

Entity Name: MICHAEL'S PAINT & BODY, INC.

Current Principal Place of Business:

% MICHAEL ALSUP
1041 AMBER RD.
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

% MICHAEL ALSUP
1041 AMBER RD.
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 59-2714153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALSUP, MICHAEL
1041 AMBER ROAD
ORLANDO,, FL 32792 US

Name and Address of New Registered Agent:

ALSUP, MICHAEL
1041 AMBER ROAD
ORLANDO,, FL 32807 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:

01/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALSUP, MICHAEL,
Address: 3781 CHARLESTON LOOP
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: O'DONNELL, TOM
Address: 2729 ROSE MOSS LANE
City-St-Zip: ORLANDO, FL 32807

Title: VD () Delete
Name: ALSUP, DEBBIE,
Address: 3781 CHARLESTON LOOP
City-St-Zip: OVIEDO, FL 32765

Title: STD () Delete
Name: O'DONNELL, DIANE,
Address: 2729 ROSE MOSS LANE
City-St-Zip: ORLANDO, FL 32807

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:

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: MICHAEL D ALSUP

PD

01/26/2006

Electronic Signature of Signing Officer or Director

Date