2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36259

Entity Name: MICHAEL'S PAINT & BODY INC

FILED Jan 27, 2009 Secretary of State

y	MOTIVILLO	7.1141 & BOB1, 1140.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
% MICHAE 1041 AMBI ORLANDO							
Current Mailing Address:			New Maili	New Mailing Address:			
% MICHAE 1041 AMBI ORLANDO							
FEI Number:	: 59-2714153 F	El Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of Curi	ent Registered Agent:	Name and	Address of	New Registered Agent:		
ALSUP, M 1041 AMBI ORLANDO	ICHAEL ER ROAD), FL 32807 US	3					
	named entity sub e of Florida.	mits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both	Ι,	
SIGNATUR	RE:						
	Electronic S	Signature of Registered Age	ent		Date	-	
Election Car	npaign Financing Tr	ust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () Del ALSUP, MICHAEL 3781 CHARLESTOI OVIEDO, FL 32765	N LOOP	Title: Name: Address: City-St-Zip:		()Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () Del O'DONNELL, TOM 2729 ROSE MOSS ORLANDO, FL 328	LANE	Title: Name: Address: City-St-Zip:	VD O'DONNELL, 2729 ROSE ORLANDO, F	MOSS LANE		
Title: Name: Address: City-St-Zip:	VD () Del ALSUP, DEBORAH 3781 CHARLESTOI OVIEDO, FL 32765	N LOOP	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	STD () Del O'DONNELL, DIANE 2729 ROSE MOSS ORLANDO, FL 328	E LANE	Title: Name: Address: City-St-Zip:		() Change () Addition		

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: MICHAEL ALSUP PD 01/27/2009