

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J50634

FILED
Mar 29, 2006
Secretary of State

Entity Name: PAINTMASTER, INC.

Current Principal Place of Business:

RALPH MUNYAN, JR.
1175 GOULD STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

RALPH MUNYAN, JR.
1175 GOULD STREET
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-2765706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNYAN, RALPH, JR.
1175 GOULD STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUNYAN, ROBERT
Address: 4589 HARBOR HILLS DR.
City-St-Zip: LARGO, FL 33770

Title: PDST () Delete
Name: MUNYAN, RALPH JR.
Address: 1175 GOULD ST.
City-St-Zip: CLEARWATER, FL 346165720

Title: MSD () Delete
Name: KIMBALL, BRIAN
Address: 1587 EVERGREEN AVE S
City-St-Zip: CLEARWATER, FL 33756

Title: VP () Delete
Name: SCELZI, FRANK
Address: 4035 HARBOR HILLS DRIVE
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: MUNYAN, DANIEL
Address: 4589 HARBOR HILLS DR.
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: MUNYAN, KIMBERLY
Address: 1684 SOUTHVIEW RD.
City-St-Zip: LARGO, FL 33770

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
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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: KIMBERLY MUNYAN

D

03/29/2006

Electronic Signature of Signing Officer or Director

_____ Date