

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90103 013 ***150.00

DOCUMENT # K91391 1. Entity Name PAINTING BY RITTENHOUSE, INC.					
Principal Place of Business % WILLIAM RITTENHOUSE BURKE, JR. 1770 TOMATO FARM RD MIMS, FL 32754-5767			Mailing Address % WILLIAM RITTENHOUSE BURKE, JR. 1770 TOMATO FARM RD MIMS, FL 32754-5767		
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 59-3032117	
				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		
VENUTI, LOUIS 400 ORANGE STREET TITUSVILLE, FL 32796			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKE, WILLIAM R., JR.		NAME		
STREET ADDRESS	1770 TOMATO FARM RD		STREET ADDRESS		
CITY - ST - ZIP	MIMS, FL		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKE, WILLIAM R., JR.		NAME		
STREET ADDRESS	1770 TOMATO FARM RD		STREET ADDRESS		
CITY - ST - ZIP	MIMS, FL		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKE, MARY F		NAME		
STREET ADDRESS	1770 TOMATO FARM ROAD		STREET ADDRESS		
CITY - ST - ZIP	MIMS, FL 32754		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	STEVEN ANDERSON	
STREET ADDRESS			STREET ADDRESS	2570 CHRISTINE DRIVE	
CITY - ST - ZIP			CITY - ST - ZIP	TITUSVILLE, FL 32796	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 like empowered.					
SIGNATURE: <i>Mary F Burke</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			MARY F BURKE		
			Date 1-10-06 Daytime Phone # 321-383-2519		