

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005574

FILED
Mar 24, 2009
Secretary of State

Entity Name: WORKING TOGETHER, PAINTING SERVICES, INC.

Current Principal Place of Business:

21446 TOWN LAKES DRIVE
#611
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

21446 TOWN LAKES DRIVE
#611
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, DENNIS H
21446 TOWN LAKES DRIVE
#611
BOCA RATON, FL 33486 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, DENNIS H
Address: 21446 TOWN LAKES DRIVE #611
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: SMITH, MATT
Address: 21481 TOWN LAKES DRIVE #516
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: WROTEN, WADE
Address: 206 VINEYARD VALLEY WAY
City-St-Zip: VACAVILLE, CA 95688

Title: D () Delete
Name: SMITH, JEANNE
Address: 21446 TOWN LAKES DRIVE #611
City-St-Zip: BOCA RATON, FL 33486

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS H. SMITH

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date