## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 29, 2007 08:00 Al Secretary of State **DOCUMENT # P00000081586** 1. Entity Name G.A. PAINTING, INC. Principal Place of Business Mailing Address 2018 WATERLEAF STREET 2018 WATERLEAF STREET ORLANDO, FL 32837 ORLANDO, FL 32837 01202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3678073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARIAS, GUILLERMO DO NOT WRITE 2018 WATERLEAF STREET ORLANDO, FL 32837 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MAME FLOREZ, ELIZABETH STREET ADDRESS 218 WATERLEAF STREET U00000683408 04/05/07-80041-019 158.75 CITY-ST-ZIP ORLANDO, FL 32837 TITLE ARIAS, GUILLERMO NAME 2018 WATERLEAF ST. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 true 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 attact poor with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

401-438-1006

FILED