
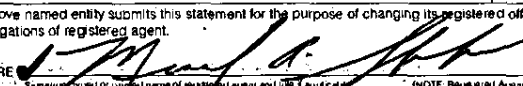
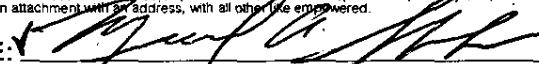


FILED  
Apr 21, 2003 8:00 am  
Secretary of State

04-21-2003 90490 010 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000095591</b>			
1. Entity Name <b>LIVING COLOR PAINTING &amp; DRYWALL, INC.</b>			
Principal Place of Business <b>319 HARBOR TRAIL ENTERPRISE, FL 32725</b>		Mailing Address <b>319 HARBOR TRAIL ENTERPRISE, FL 32725</b>	
2. Principal Place of Business <b>1771 Laurel Road</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Winter Park, FL</b>		City & State	
Zip <b>32789</b>		Country	
4. FEI Number <b>59-3677630</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SHEEHAN, MIKE 319 HARBOR TRAIL ENTERPRISE, FL 32725</b>		7. Name and Address of New Registered Agent Name <b>Mike Sheehan</b> Street Address (P.O. Box Number is Not Acceptable) <b>1771 Laurel Road</b> City <b>Winter Park</b> FL <b>32789</b>	
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  DATE <b>4/17/03</b>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP <b>PTS SHEEHAN, MIKE 319 HARBOR TRAIL ENTERPRISE, FL 32725</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PTS Sheehan, Mike 1771 Laurel Road Winter Park, FL 32789</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE <b>4/17/03</b>		Daytime Phone # <b>407-257-3126</b>	

CR2E034 (10/02)