

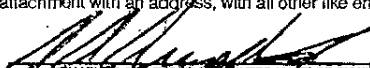


**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000001217</b>						<b>Mar 25, 2004 08:00 AM</b> <b>Secretary of State</b>			
1. Entity Name <b>ANDREW'S QUALITY PAINTING, INC.</b>									
Principal Place of Business <b>4605 COMFORT ST COCOA, FL 32927</b>				Mailing Address <b>4605 COMFORT ST COCOA, FL 32927</b>					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01112004 Chg-P CR2E034 (10/03)	
City & State				City & State				4. FEI Number <b>59-3686747</b>	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ARMELLINI, ANDREW 4605 COMFORT ST COCOA, FL 32927</b>						7. Name and Address of New Registered Agent			
						Name			
						Street Address (P.O. Box Number is Not Acceptable)			
						City <b>FL</b> 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>									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				DATE	
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D ARMELLINI, ANDREW 4605 COMFORT ST COCOA, FL 32927 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000955943 03/25/04-80009-009 150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T ARMELLINI, RISA 4605 COMFORT ST COCOA, FL 32927 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>ANDREW ARMELLINI</b> 3/22/04 321.659893 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									