2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000084153 1. Entity Name PROTECT PAINTING, INC.

Principal Place of Business

18858 CYPRESS VIEW DR FT MYERS, FL 33912-4823 Mailing Address

18858 CYPRESS VIEW DR FT MYERS, FL 33912-4823

FILED Apr 24, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04102008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number

65-1132792 5. Certificate of Status Desired

Not Applicable \$8.75 Additional

Fee Required

5. Name and Address of Current Registered Agent

DIAS, WANDERLEY A 18858 CYPRESS VIEW DR FT MYERS, FL 33912-4823

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-11-PO

Daytere Phone #

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 Signature, typed or printed name of registered agent and title til applicable. (NOTE: Registered Agent organizer required when reinstating)						DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	no □	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAS, WANDERLEY A 18858 CYPRESS VIEW DR FT MYERS, FL, 339124823		•		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAS, ERICK 18858 CYPRESS VIEW DR FT. MYERS, FL 339124823				₩0000052 05/05/06-80	3960 1058-010 1 50.00
TITLE NAME STREET AODRESS CITY-ST-ZIP			,	DO	NOT WE	RITE
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				IN ⁻	THIS SPA	CE
TITLE HAME STREET ADDRESS CUTY-ST-DP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 only, 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 expears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fixe empowered.						