2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084697

BOTTOMS UP DETAILING, INC.



FILED Jan 20, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2118 GEMINI LANE PORT ST. LUCIE, FL 34984 2118 GEMINI LANE PORT ST. LUCIE, FL 34984



DO NOT WRITE IN THIS SPACE

01102006 CR2E034 (11/05)

4. FEI Number 01-0729879

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDIE, RENEE 40 SE OSCEOLA ST STUART, FL 34994

SIGNATURE

DO NOT WRITE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution,	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
DTLE NAME STREET ADDRESS CITY-ST-ZIP	DP PINILLOS, DAVID 2118 GEMINI LANE PORT ST. LUCIE, FL 34984				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/25/06-80026-019 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 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.					

ITED NAME OF SIGNING OFFICER OR DIRECTOR