

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90014 015 ***150.00

DOCUMENT # P01000109691 1. Entity Name THE BEAUTY OF PAINT, INC.					
Principal Place of Business 4782 EUROPA DR. NAPLES, FL 34105			Mailing Address 4782 EUROPA DR. NAPLES, FL 34105		
2. Principal Place of Business 339 Burnt Pine Dr <small>Suite, Apt. #, etc.</small>		3. Mailing Address 339 Burnt Pine Dr <small>Suite, Apt. #, etc.</small>			
City & State Naples FL <small>Zip</small> 34119 <small>Country</small> Collier		City & State Naples FL <small>Zip</small> 34119 <small>Country</small> Collier		4. FEI Number 52-2362548	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MEHRI, SHELLI A 4635 NAVASSA LANE NAPLES, FL 34119			7. Name and Address of New Registered Agent Name Shelli A Mehri Street Address (P.O. Box Number is Not Acceptable) 339 Burnt Pine Dr. City Naples FL <small>Zip Code</small> 34119		
8. The above named entity admits 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 SHELLI MEHRI 5/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEHRI, SHELLI A 4782 EUROPA DR. NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mocen Mehri 339 Burnt Pine Drive Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONIGLIARO, PATRICIA 4796 GANYMEDE CT NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shelli A. Mehri 339 Burnt Pine Drive Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SELLERS, DARIN 1800 42ND TER SW NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:			Date 5/24/05 (239) 545-0550		