

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027150

Entity Name: GREG DAY PAINTING, INC.

FILED
Mar 16, 2006
Secretary of State

Current Principal Place of Business:

3113 SOUTHEAST CLAYTON ST.
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3113 SOUTHEAST CLAYTON ST.
STUART, FL 34997

New Mailing Address:

FEI Number: 37-1430701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAY, GREGORY L
3113 SOUTHEAST CLAYTON ST.
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAY, GREGORY L
Address: 3113 SOUTHEAST CLAYTON ST.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: ALQUERO, AKEEM
Address: 6190 NORTH US HIGHWAY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: WILLIAMS, RAMADAHAN
Address: 2308 SE BLACKWELL DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: FOSTER, FITZROY
Address: 955 SW BAYSHORE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY DAY

PD

03/16/2006

Electronic Signature of Signing Officer or Director

_____ Date