

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 08:00 A
Secretary of State

DOCUMENT # P02000046897
 1. Entity Name
 M. G. PAINTING OF SUNRISE, INC



Principal Place of Business Mailing Address
 6440 NW 29TH ST 6440 NW 29TH ST
 SUNRISE, FL 33313 SUNRISE, FL 33313

DO NOT WRITE IN THIS SPACE



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 02-0585033 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOLDBACH, MICHAEL J
 6440 NW 29TH ST
 SUNRISE, FL 33313

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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

TITLE	D
NAME	GOLDBACH, MICHAEL J
STREET ADDRESS	6440 NW 29TH ST
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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

SIGNATURE: *Michael Goldbach* MICHAEL GOLDBACH 8/17/06 954-572-8443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #