


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90294 044 \*\*\*150.00

<b>DOCUMENT # P02000072210</b>	
<b>1. Entity Name</b> BIZUK PAINTING, INC.	

<b>Principal Place of Business</b> 911 MURDOCK BLVD. ORLANDO, FL 32825	<b>Mailing Address</b> 911 MURDOCK BLVD. ORLANDO, FL 32825
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<b>2. Principal Place of Business</b> 12743 WHITE RAPIDS DR. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 12743 WHITE RAPIDS DR. Suite, Apt. #, etc.
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<b>City &amp; State</b> ORLANDO FL	<b>City &amp; State</b> ORLANDO FL
<b>Zip</b> 32828	<b>Zip</b> 32828
<b>Country</b> ORANGE	<b>Country</b> ORANGE

03132008 Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 04-3701925	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> BIZUK, DEAN M 911 MURDOCK BLVD. ORLANDO, FL 32825	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 12743 WHITE RAPIDS DR. City ORLANDO FL Zip Code 32828
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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 DEAN BIZUK (NOTE: Registered Agent signature required when re-registering) DATE 4-29-06

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIZUK, DEAN M 911 MURDOCK BLVD. ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12743 WHITE RAPIDS DR. ORLANDO, FL 32828 <input checked="" 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
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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 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: DEAN BIZUK DEAN BIZUK Date 4-29-06 Daytime Phone #