


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90201 026 \*\*\*150.00

<b>DOCUMENT # P02000080072</b>	
1. Entity Name <b>BEN'S PAINTING &amp; MORE, INC.</b>	

Principal Place of Business <b>12239 RUTH LAWN CT JACKSONVILLE, FL 32224</b>	Mailing Address <b>12239 RUTH LAWN CT JACKSONVILLE, FL 32224</b>
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2. Principal Place of Business <b>3422 Sans Pareil St.</b>	3. Mailing Address <b>3422 Sans Pareil St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jacksonville, FL.</b>	City & State <b>Jacksonville, FL.</b>
Zip <b>32224</b>	Zip <b>32224</b>
Country <b>USA</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent <b>ARABI, BEHROUZ Y 12239 RUTH LAWN CT JACKSONVILLE, FL 32224</b>	
7. Name and Address of New Registered Agent Name <b>Arabi, Behrouz Y.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3422 Sans Pareil St.</b> <b>Jacksonville FL 32224</b> City <b>Jacksonville FL</b> Zip Code <b>32224</b>	

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 *Behrouz Y. Arabi* **Behrouz Y. Arabi** DATE 04/21/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 ARABI, BEHROUZ Y 12239 RUTH LAWN CT. JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Arabi, Behrouz Y. 3422 Sans Pareil St. Jacksonville, FL 32224 <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
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
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: *Behrouz Y. Arabi* **Behrouz Y. Arabi** DATE 04/21/06 DAYTIME PHONE # 904-993-4080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR