


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90038 026 \*\*\*150.00

<b>DOCUMENT # P02000091598</b>					
1. Entity Name J & M PAINTING UNLIMITED, INC.					
Principal Place of Business 2239 N.W. 75TH AVE. MARGATE, FL 33063			Mailing Address 2239 N.W. 75TH AVE. MARGATE, FL 33063		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0566883	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	

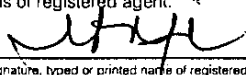
JUV06163



03092005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent NOFIL INVESTMENTS, INC. 5544 NW 28 AVENUE HANGER 15 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name NOFIL INVESTMENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 5200 NW 20 TERR, FLE 58 City FORT LAUDERDALE FL 33309			
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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  DATE 3/9/05

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRAE, JOHN M			NAME			
STREET ADDRESS	2239 NW 75TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 3/9/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #