2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095603

FILED Jan 30, 2007 Secretary of State

Entity Name: NCT PAINTING SERVICES, INC.	
Current Principal Place of Business:	New Principal Place of Business:
9109 DUPONT PLACE WELLINGTON, FL 33414	2796 SHAUGHNESSY DRIVE WELLINGTON, FL 33414
Current Mailing Address:	New Mailing Address:
9109 DUPONT PLACE WELLINGTON, FL 33414	2796 SHAUGHNESSY DRIVE WELLINGTON, FL 33414
FEI Number: 05-0532777 FEI Number Applied For () FEI Number	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
CHERREZ, NESTOR 9109 DUPONT PLACE WELLINGTON, FL 33414 US	CHERREZ, NESTOR 2796 SHAUGHNESSY DRIVE WELLINGTON, FL 33414 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE:	01/30/2007
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$
Title: P () Delete Name: CHERREZ, NESTOR Address: 9109 DUPONT PLACE City-St-Zip: WELLINGTON, FL 33414	Title: P (X) Change () Addition Name: CHERREZ, NESTOR Address: 2796 SHAUGHNESSY DRIVE City-St-Zip: WELLINGTON, FL 33414
Title: () Delete Name: Address: City-St-Zip:	Title: VP () Change (X) Addition Name: SOLIS, DAVID Address: 9510 SW 1ST PLACE City-St-Zip: CORAL SPRINGS, FL 33071
Title: () Delete Name: Address: City-St-Zip:	Title: T () Change (X) Addition Name: PINZON, OSCAR Address: 4000 N 65TH AVENUE City-St-Zip: HOLLYWOOD, FL 33024

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: NESTOR CHERREZ P 01/30/2007