

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90425 027 \*\*\*150.00

<b>DOCUMENT # P02000117157</b> 1. Entity Name <b>5 STAR PAINTING, INC.</b>			
Principal Place of Business <b>2143 A SPICE AVE ORLANDO, FL 32837</b>		Mailing Address <b>2143 A SPICE AVE ORLANDO, FL 32837</b>	
2. Principal Place of Business <b>656 Woodland Creek Blv</b>		3. Mailing Address <b>656 Woodland Creek Blv</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Kissimmee FL</b>		City & State <b>Kissimmee FL</b>	
Zip <b>34744</b>		Zip <b>34744</b>	
Country 		Country 	
4. FEI Number <b>74-3068582</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>HERNANDEZ, MIGUEL 2143 A SPICE AVE ORLANDO, FL 32837</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Hernandez Miguel</b> Street Address (P.O. Box Number is Not Acceptable) <b>656 Woodland Creek Blv</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34744</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 <div style="float: right; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small>  <small>DATE</small> </div>			
<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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HERNANDEZ, MIGUEL 2143 A SPICE AVE ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Hernandez Miguel 656 Woodland Creek Blv Kissimmee, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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:		Date <b>4/26/06</b> Daytime Phone # <b>407-761-9448</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	