2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009997

Entity Name: ISRAEL GONZALEZ PAINTING INC.

FILED Jan 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5085 US HWY 17 SOUTH 254 PRINGLE CIR

GREEN COVE SPRINGS, FL 32043 US APT D

GREEN COVE SPRINGS, FL 32043 US

Current Mailing Address: New Mailing Address:

5085 US HWY 17 SOUTH 254 PRINGLE CIR

GREEN COVE SPRINGS, FL 32043 US APT D

GREEN COVE SPRINGS, FL 32043 US

FEI Number: 61-1435767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MERAZ, ADRIANA

5085 US HWY 17 SOUTH

GREEN COVE SPRINGS, FL 32043 US

KABA CONSULTING INC
214 E WASHINGTON ST
SUITE A

MINNEOLA, FL 34715 US

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.

SIGNATURE: ALEJANDRO KABA 01/19/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MERAZ, ADRIANA Name: MERAZ, ADRIANA

Address: 5085 US HWY 17 SOUTH Address: 254 PRINGLE CIR APT D

City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: V (X) Delete Title: () Change () Addition
Name: GONZALEZ ISRAEL Name:

 Name:
 GONZALEZ, ISRAEL
 Name:

 Address:
 5085 US HWY 17 SOUTH
 Address:

 City-St-Zip:
 GREEN COVE SPRINGS, FL 32043
 City-St-Zip:

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: ADRIANA MERAZ P 01/19/2006