

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90001 014 \*\*\*150.00

<b>DOCUMENT # P03000035614</b> 1. Entity Name <b>ROOM TO ROOM PAINTING, INC.</b>					
Principal Place of Business <b>2916 HIGATE DR DELTONA, FL 32738</b>			Mailing Address <b>2916 HIGATE DR DELTONA, FL 32738</b>		
2. Principal Place of Business - No P.O. Box # <b>2015 Old Train Rd</b>		3. Mailing Address <b>2015 Old Train Rd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Deltona, Florida</b>		City & State <b>Deltona, Florida</b>		4. FEI Number <b>56-2340348</b>	
Zip <b>32738</b>		Country <b>Volusia</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32738</b>		Country <b>Volusia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARCARO, GWEN 2916 HIGATE DR DELTONA, FL 32738</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2015 Old Train Rd</b> City <b>Deltona</b> <b>FL</b> Zip Code <b>32738</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: <u><i>Gwen Arcaro</i></u> <span style="float: right;">6-15-07</span> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when constituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PT ARCARO, SR., DAVID 2916 HIGATE DR DELTONA, FL 32738	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	2015 Old Train Rd Deltona, FL 32738
TITLE NAME STREET ADDRESS CITY ST ZIP	VPS ARCARO, GWEN 2916 HIGATE DR DELTONA, FL 32738	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	2015 Old Train Rd Deltona, FL 32738
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete		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: <u><i>Gwen Arcaro</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				6-15-07 <small>Date</small>	