


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90002 028 \*\*\*150.00

<b>DOCUMENT # P03000048364</b>	
1. Entity Name <b>PAINTING BY MITCHELL, INC.</b>	

Principal Place of Business <b>2037 DOUGLAS AVENUE DUNEDIN FL 34698</b>	Mailing Address <b>PO BOX 322 DUNEDIN FL 34697</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent  <b>LECHNER, BERNARD J 2115 RANGE ROAD CLEARWATER FL 33765</b>	
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7. Name and Address of New Registered Agent	
Name	<b>JAMES D MITCHELL</b>
Street Address (P.O. Box Number is Not Acceptable)	
<b>2037 DOUGLAS AVE</b>	
City	<b>DUNEDIN FL</b>
Zip Code	<b>34698</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	<i>James D. Mitchell</i> <b>JAMES D. MITCHELL (PRESIDENT)</b>	DATE <b>3-29-05</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, JAMES D</b>	NAME	
STREET ADDRESS	<b>2037 DOUGLAS AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, ADAM J</b>	NAME	
STREET ADDRESS	<b>2545 NE COACHMAN RD #93</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	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: <i>James D. Mitchell</i> <b>JAMES D. MITCHELL</b>	DATE <b>3-29-05</b>	DAYTIME PHONE # <b>727-422-1365</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		