


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90301 041 \*\*\*150.00

DOCUMENT # P03000108730		
1. Entity Name A. V. PAINTING, INC.		

Principal Place of Business 3114 HOUNDSWORTH CT 504 ORLANDO, FL 32837	Mailing Address 3114 HOUNDSWORTH CT 504 ORLANDO, FL 32837
--	--

2. Principal Place of Business 12016 VILLANOVA DR Suite, Apt. #, etc. 101 City & State ORLANDO, FL Zip 32837 Country ORANGE		3. Mailing Address 12016 VILLANOVA DRIVE Suite, Apt. #, etc. 101 City & State ORLANDO, FLORIDA Zip 32837 Country ORANGE	
---	--	---	--



04122006 Chg-P CR2E034 (11/05)

4. FEI Number 73-1682131		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VELEZ, ANDRES F 3114 HOUNDSWORTH CT APT 504 ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Andres F Velez Street Address (P.O. Box Number is Not Acceptable) 12016 VILLANOVA DRIVE 101 City ORLANDO FL Zip Code 32837

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: X Andres Velez (NOTE: Registered Agent signature required when reinstating) DATE: 4/12/06

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VELEZ, ANDRES F 3114 HOUNDSWORTH CT ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12016 VILLANOVA DR APT 101 ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X Andres Velez DATE: 4/12/06 DAYTIME PHONE: 407-797-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR