


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000114644</b>														
1. Entity Name <b>PETE THE PAINTER, INC.</b>														
Principal Place of Business <b>9765 BRIGHTWOOD ROAD JACKSONVILLE, FL 32257</b>	Mailing Address <b>9765 BRIGHTWOOD ROAD JACKSONVILLE, FL 32257</b>	  01292007 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number <b>20-0215220</b></td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>20-0215220</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required									
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required														
<b>DO NOT WRITE IN THIS SPACE</b>														
6. Name and Address of Current Registered Agent  <b>SHAHUM, PETER 9765 BRIGHTWOOD ROAD JACKSONVILLE, FL 32257</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>														
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>P,VP SHAHUM, PETER 9765 BRIGHTWOOD ROAD JACKSONVILLE, FL 32257</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>SEC SHAHUM, MARIA 9765 BRIGHTWOOD ROAD JACKSONVILLE, FL 32257</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP SHAHUM, PETER 9765 BRIGHTWOOD ROAD JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SHAHUM, MARIA 9765 BRIGHTWOOD ROAD JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>  U00000620321 02/09/07-80031-021 150.00
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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.  <b>SIGNATURE: Peter Shahum President</b> <b>2-3-07 (904) 739-2144</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>														