


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90020 037 ***150.00

DOCUMENT # P03000114771

1. Entity Name
JAMES BROOKS PAINTING, INC.



Principal Place of Business
**416 ALACHUA AVE NW
 PALM BAY FL 32907**

Mailing Address
**416 ALACHUA AVE NW
 PALM BAY FL 32907**



2. Principal Place of Business - No P.O. Box #
Unit 372

3. Mailing Address
416 Alachua Ave N.W.

Suite, Apt. #, etc.
7300 Delina Court

Suite, Apt. #, etc.
Pal. Bay Fl. Personal House

City & State
Pal. Bay Fl.

City & State
Pal. Bay Fl.

1st MOORE CR2E034 (10/06)

Zip
32940

Country
Brevard

Zip
32909

Country
Brevard

4. FEI Number **04-3777732**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ALLEN
2087 SARNO ROAD
MELBOURNE, FL 32950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
486 N Harbor City Blvd

City **Melbourne** FL Zip Code **32935**

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 *Allen D Miller* DATE 2/15/07

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKS, JAMES 416 ALACHOA ADI NW PALM BAY FL 32907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 Section 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: *James Brooks* DATE 2/15/07 CAPTURE PHONE # 321-960-4097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR