


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90007 012 ***150.00

DOCUMENT # P03000114771

1. Entity Name
JAMES BROOKS PAINTING, INC.



Principal Place of Business
**7300 DOLINA CT
 UNIT 372
 MELBOURNE, FL 32940 1**

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

40051615



2. Principal Place of Business - No P.O. Box #
**7300 DOLINA CT
 Suite, Apt. #, etc.
 UNIT 372**

3. Mailing Address
**416 ALACHUA AVE NW
 Suite, Apt. #, etc.**

03102008 Chg-P CR2E034 (12/06)

City & State
MEL, FL

City & State
PALM BAY FL

Zip
32940

Country
BEVIARD

Zip
32907

Country
BEVIARD

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
 486 NORTH HARBOR CITY BLVD
 MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name
Steven Caruso

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: *[Signature]* **2/10/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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
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 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: *[Signature]* **2/10/08**
Signature and typed or printed name of signing officer or director Date Daytime Phone #