2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 08:00 AM DOCUMENT # P03000126264 **Secretary of State** 1. Entity Name MIRACLE PAINTING BY GETTY, INC. Principal Place of Business Mailing Address 1227 SPARTON AVENUE 1227 SPARTON AVENUE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 No Chg-P 02042006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2677298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent GETTY, DAVID B DO NOT WRITE 1227 SPARTON AVENUE PORT ORANGE, FL 32127 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000446<u>80</u>1 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **PST** TITLE GETTY, DAVID B NAME STREET ADDRESS 1227 SPARTON AVE. City-ST-ZIP PORT ORANGE, FL 32127 TATLE NAME STREET ADDRESS CITY-S1-2IP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CSTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or direction 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 changed, or on an attachment with an address, with all other

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR

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