## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 09, 2008 08:00 A Secretary of State DOCUMENT # P03000126264 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 03312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2677298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired DO NOT WRITE 6. Name and Address of Current Registered Agent GETTY, DAVID B 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) U00000888889 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE GETTY, DAVID B NAME STREET ADDRESS 1227 SPARTON AVE. CITY-ST-ZIP PORT ORANGE, FL 32127 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 attachmen with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR