

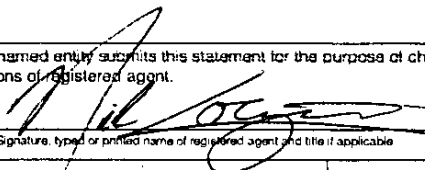
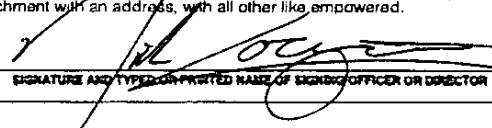


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90020 046 ***150.00

DOCUMENT # P03000136651 1. Entity Name NICK LORENZINI PAINTING, INC.					
Principal Place of Business 662 ANITA DR. MELBOURNE, FL 32935			Mailing Address 662 ANITA DR. MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box # 1370 Sarno Rd Ste E Suite, Apt. #, etc. E		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Melbourne, FL		City & State		4. FEI Number 92-0180139	
Zip 32935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, ALLEN 2087-A SARNO RD. MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> 8/2/07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZINI, NICK 662 ANITA DR. MELBOURNE, FL 32935	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUBERT, DEVIN K 4522 RIVERMIST DR MELBOURNE, FL 32935	<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				
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:  8/2/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					