

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139281

FILED
Apr 27, 2007
Secretary of State

Entity Name: SUBTROPICAL PAINTING, INC.

Current Principal Place of Business:

216 60TH AVENUE WEST
BRADENTON, FL 34207 US

New Principal Place of Business:

5730 LEXINGOTN DR
PARRISH, FL 34219 US

Current Mailing Address:

216 60TH AVENUE WEST
BRADENTON, FL 34207 US

New Mailing Address:

5730 LEXINGTON DR
PARRISH, FL 34219 US

FEI Number: 16-1688682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTHUR, JAMES I
216 60TH AVENUE WEST
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

ARTHUR, JAMES I
5730 LEXINGTON DR
PARRISH, FL 34219 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/27/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARTHUR, JAMES I
Address: 216 60TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARTHUR, JAMES I
Address: 5730 LEXINGTON DR
City-St-Zip: PARRISH, FL 34219 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ARTHUR

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date