

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000140592

1. Entity Name
EMILY PAINTING, INC.



**FILED
Apr 17, 2006 8:00 am
Secretary of State**

04-17-2006 90362 002 ***150.00

Principal Place of Business
1080 S. HOAGLAND BLVD L24
KISSIMMEE, FL 34741

Mailing Address

1080 S. HOAGLAND BLVD L24
KISSIMMEE, FL 34741

2. Principal Place of Business

1548 Roscoe Drive

Suite, Apt. #, etc.

24

City & State

Kissimmee FL

Zip

34741

Country

3. Mailing Address

1548 Roscoe Drive

Suite, Apt. #, etc.

24

City & State

Kissimmee, FL

Zip

34741



03142006 Chg-P CR2E034 (11/05)

4. FEI Number

20-0451713

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASIMIRO, MARCOS E
1080 S. HOAGLAND BLVD L24
KISSIMMEE, FL 34741

Name

Street Address (P.O. Box Number is Not Acceptable)

1548 Roscoe Drive # 24

City

Kissimmee

FL

Zip Code

34741

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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	DP CASIMIRO, MARCO A 1080 S. HOAGLAND BLVD L24 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARCO A CASIMIRO 1548 ROSCOE DRIVE # 24 KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Marco A. Casimiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/06

Date

Daytime Phone #