2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007
Secretary of State

DOCUMENT# P03000141409

Entity Name: A.D.T. PROFESSIONAL PAINTING, INC.

Current Principal Place of Business:

3617 CALLA DR
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

3617 CALLA DR
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 84-1631195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOCI, ADRIATIC
3617 CALLA DR
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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 Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BIPISHI, ERION
Address: 3617 CALLA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: P ( ) Delete
Name: AMETI, ADHURIM
Address: 3617 CALLA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete
Name: PETANAJ, SPIRO
Address: 3617 CALLA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: BYLYSHI, ERJON
Address: 3617 CALLA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Change ( ) Addition
Name: AMETI, ADHURIM
Address: 3617 CALLA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PR ( ) Change (X) Addition
Name: TOCI, ADRIATIC
Address: 3617 CALLA DR
City-St-Zip: JACKSONVILLE, FL 32207

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: TOCI ADRIATIC PR 06/13/2007

Electronic Signature of Signing Officer or Director Date