2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145790

FILED Jul 26, 2005 Secretary of State

Entity Nan	ne: ALL V	ETERAN'S PA	INTING, INC.						
Current Principal Place of Business:				New Prin	New Principal Place of Business:				
1515 N. BE ORMOND I		2174							
Current Mailing Address:				New Mai	New Mailing Address:				
1515 N. BE ORMOND I		2174							
FEI Number:	20-0470041	FEI Numbe	er Applied For()	FEI Number Not Ap	olicable ()	Certifica	te of Status Des	sired ()	
Name and	Address o	of Current Reg	gistered Agent:	Name an	Name and Address of New Registered Agent:				
BLEVINS, \$ 1515 N. BE ORMOND I	ACH ST.	2174 US							
The above in the State			statement for the p	ourpose of changing	its registere	d office or re	egistered age	nt, or both,	
SIGNATUR	RE:								
	Elect	ronic Signatur	e of Registered Age	ent			Date		
			the corporation did no	ot receive the prior not	ce.				
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name:	D WAGNER,	()Delete JOHN		Title: Name:	D BLEVINS, S	(X) Change(TONY) Addition		

1515 N. BEACH ST. Address: 1515 N. BEACH ST. Address: City-St-Zip: ORMOND BCH, FL 32174 City-St-Zip: ORMOND BCH, FL 32174 Title: (X) Delete Title: () Change () Addition

BLEVINS, STONY Name: Name: Address: 1515 N. BEACH ST. Address: ORMOND BCH, FL 32174 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STONY BLEVINS D 07/26/2005