

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147383

Entity Name: MR. PAINTER, INC.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

2612 HIBISCUS CT
DELTONA, FL 32738

New Principal Place of Business:

1157 GLENWOOD TRAIL
DELAND, FL 32720 US

Current Mailing Address:

2612 HIBISCUS CT
DELTONA, FL 32738

New Mailing Address:

1157 GLENWOOD TRAIL
DELAND, FL 32720 US

FEI Number: 20-0468324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, THOMAS E
2612 HIBISCUS CT
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

HOFFMAN, THOMAS E
1157 GLENWOOD TRAIL
DELAND, FL 32720 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: THOMAS E. HOFFMAN

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOFFMAN, THOMAS E
Address: 2612 HIBISCUS CT
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: HOFFMAN, THOMAS E MR
Address: 1157 GLENWOOD TRAIL
City-St-Zip: DELAND, FL 32720 US

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS E. HOFFMAN

MR

04/30/2006

Electronic Signature of Signing Officer or Director

Date