

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149925

FILED
Mar 16, 2008
Secretary of State

Entity Name: ED'S THUMBS UP PAINTING, CO.

Current Principal Place of Business:

1686 LOUIS DR.
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

701 LAKEVIEW AVE.
DUNDEE, FL 32828

New Mailing Address:

FEI Number: 20-0475989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IRIZARRY, MARIA E
4460 OLD TAMPA HWY
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

IRIZARRY, MARIA E
1686 LOUIS DR
KISSIMMEE, FL 34758 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: _____

03/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IRIZARRY, EDGARDO
Address: 4460 OLD TAMPA HWY
City-St-Zip: KISSIMMEE, FL 34746

Title: V () Delete
Name: IRIZARRY, MARIA E
Address: 4460 OLD TAMPA HWY
City-St-Zip: KISSIMMEE, FL 34746

Title: S () Delete
Name: PRADO, NELSON D
Address: 602 HERALDO CT
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: IRIZARRY, EDGARDO
Address: 1686 LOUIS DR
City-St-Zip: KISSIMMEE, FL 34758

Title: V (X) Change () Addition
Name: IRIZARRY, MARIA E
Address: 1686 LOUIS DR
City-St-Zip: KISSIMMEE, FL 34758

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

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: EDGARDO IRIZARRY

P

03/16/2008

Electronic Signature of Signing Officer or Director

Date