2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151628

City-St-Zip:

me: CREATIVE PAINTING OF SOUTH FLORIDA. INC

FILED Aug 08, 2008 Secretary of State

Entity Nan	ne: CREATIVE	PAINTING OF SOUTH FLO	RIDA, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
SUITE 5-A	ORWILL DR						
PALM COA	AST, FL 32164	US					
Current Mailing Address:			New Maili	New Mailing Address:			
	ORWILL DR AST, FL 32164	US		CLIFT LANE AST, FL 32164	US		
FEI Number:	20-0483476	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired	i (X)	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	ANDRO R ORWILL DR AST, FL 32164	US	16 WOOD	ROSA, LEANDRO R 16 WOOD CLIFT LANE PALM COAST, FL 32164 US			
The above in the State	named entity su of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered offi	ce or registered agent, o	or both,	
SIGNATUR	RE: LEANDRO	ROSA		08/08/2008			
Electronic Signature of Registered Agent				Date			
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ()[ROSA, LEANDRO 88 WHIPOORWI PALM COAST, F	LL DR	Title: Name: Address: City-St-Zip:	()0	hange()Addition		
Title: Name: Address: City-St-Zip:	VP () I NETZ, MAIZA 88 WHIPOORWI PALM COAST, F		Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition NETZ, MAIZA 88 WHIPOORWILL DR PALM COAST, FL 32164 US			
Title: Name: Address:	1()	Delete	Title: Name: Address:	VP () C COSTA, CORY 16 WOOD CLIFT	change (X) Addition		

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.

City-St-Zip: PALM COAST, FL 32164

SIGNATURE: CORY COSTA VP 08/08/2008