


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90175 022 ***150.00

DOCUMENT # P03000154914

1. Entity Name
DECORATIVE PAINTING, INC.



Principal Place of Business
**53 JACKSON AVE
 PONTE VEDRA BEACH, FL 32082**

Mailing Address
**53 JACKSON AVE
 PONTE VEDRA BEACH, FL 32082**

400658833



2. Principal Place of Business
2404 Cotillion Road

3. Mailing Address
2404 Cotillion Road

Suite, Apt. #, etc.
2404 Cotillion Road

02132006 Chg-P CR2E034 (11/05)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
20-0521036

Applied For
 Not Applicable

Zip Country
32211 USA

Zip Country
32211 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANDIS, JULIE
53 JACKSON AVE
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name
Nunez, William

Street Address (P.O. Box Number is Not Acceptable)
2404 Cotillion Road

City
Jacksonville **FL** Zip Code
32211

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, WILLIAM 2404 COTILLION RD JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HERNANDEZ, JULIE 53 JACKSON AVE PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W.B. Nunez* **W.B. NUNEZ** *8/13/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #