2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P03000154960 1. Entity Name ADVANCED PAINTING CONCEPTS, INC.				Apr 21, 2005 08:00 AM Secretary of State
Principal Place of Business		Mailing Address		
12911 LEAT CLERMONT	TRICE DR FL 34711	12911 LEATRICE DR CLERMONT FL 3471		I (SDINGS) III GO'NG HIIII ANNI ANNI ANNI ANNI ANNI ANNI ANN
2. Principal Place of Business.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 32-0102594 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
1	6. Name and Address of Curre	int Registered Agent	Name	7. Name and Address of New Registered Agent
IMUNDI, ROBERT A JR 12911 LEATRICE DR CLERMONT FL 34711				ss (P.O. Box Number is Not Acceptable) . Zip Code
8. The above	named entity submits this statemen	it for the purpose of changing it		FL Zip Code stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered_agent.			
SIGNATURE.	Signature, typed or printed name of registered ag	ant and tille if sopticeble (NO	TE Registered Agent signature requi	ured when reinstating) DATE
After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550. k Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution. Added to Fees 4. Added to Fees
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITILE NAME STREET ADDRESS CITY-ST-ZIP	DPS IMUNDI, ROBERT A JR 12911 LEATRICE DR CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition U00000320516 04/21/05-80041-011 150 00
THLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleie	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addillon
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Doleto	THE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete _	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the corp	certify that the information supplied won this report or supplemental report poration or the receiver or trustee emporation or the receiver or trustee emporation or an attachment with an address	t is true and accurate and that i apowered to execute this report	my signature shall have the t as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under cath, that I am an officer or director io7, Florida Statutes; and that my name appears in Block 10 or Block 11 if

4/13/05 (352) 267 5856 Date Daytons Phone 1