

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90027 018 ***150.00

DOCUMENT # P04000004663

1. Entity Name
 SHINE BRIGHT PAINTING, INC.



Principal Place of Business
 2716 36TH AVE. W.
 BRADENTON, FL 34205

Mailing Address
 2716 36TH AVE. W.
 BRADENTON, FL 34205

40046000

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 2335 J 63RD AVE EAST
 Suite, Apt. #, etc.
 J

City & State
 BRADENTON, FL

Zip
 34203

Country
 MANATEE



03152006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
 COSTA, JOSEPH
 2716 36TH AVE. W.
 BRADENTON, FL 34205

4. FEI Number
 73-1691349

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 DONALD H. HECKMAN
 Street Address (P.O. Box Number is Not Acceptable)
 2335 J 63RD AVE EAST
 City
 BRADENTON FL Zip Code
 34203

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 Donald H. Heckman DATE 3/15/06

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME COSTA, JOSEPH STREET ADDRESS 2716 36TH AVE. W. CITY-ST-ZIP BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Joseph A Costa **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/15/06 Daytime Phone #