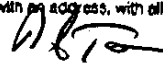


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90060 009 ***550.00

DOCUMENT # P04000006779					
1. Entity Name VANGOUGH PAINTERS, INC.					
Principal Place of Business 3 CHOCTAWHATCHEE ROAD NE FORT WALTON BEACH, FL 32548 US			Mailing Address 3 CHOCTAWHATCHEE ROAD NE FORT WALTON BEACH, FL 32548 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-2355678				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, JOHN D 912 SOUTH PALM BLVD SUITE E NICEVILLE, FL 32678			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE _____					
FILE NOW!! FEE IS \$550.00 Due by September 7, 2006		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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TOSSAS, JAMES		NAME		
STREET ADDRESS	3 CHOCTAWHATCHEE RD NE		STREET ADDRESS		
CITY - ST - ZIP	FT WALTON BEACH, FL 332540		CITY - ST - ZIP		
TITLE	V	☒ Delete	TITLE	V	☒ Change ☐ Addition
NAME	MCMAHUS, BRIAN		NAME	MCMAHUS BRIAN	
STREET ADDRESS	33 6TH AVENUE APT 101		STREET ADDRESS	609 COLONIAL DR UNIT 3	
CITY - ST - ZIP	BHALLMAR, FL 32879		CITY - ST - ZIP	FT. WALTON BCH FL 32547	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 907, 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:  8/17/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50062642



07012005 Chg-P CR2E034 (10/03)

17-8-05