2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-26-2006 90017 004 ***550.00

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1. Entity Name

ART DESIGN PAINTING & DECORATING, INC.

Principal Place of Business	Mailing Address
280 S RONALD REGAN BLVD SUITE 214 LONGWOOD FL 32750	280 S RONALD REGAN BLVD SUITE 214 LONGWOOD FL 32750

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
280. S. Ronald Reagan			
Suite, Apt. #, etc.: Blvd. #214		Suite, Apt. #, etc.: SAME	
City & State: Longwood FL		City & State	
Zip: 32750	Country: U.S.A.	Zip	Country

4. FEI Number: 74-3112243 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLVERA, JUAN R
7804 ACADIAN DR.
ORLANDO FL 32822

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLVERA, JUAN R 7804 ACADIAN DRIVE ORLANDO FL 32822	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	280. S. Ronald Reagan Blvd. Ste. 214 Longwood FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Juan R. Olvera — 6/15/06 — 407-265-8720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #