

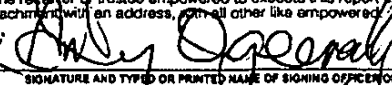


FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90023 038 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000010343			
1. Entity Name ANTHONY OGEERALLY PAINTING, INC.			
Principal Place of Business 6981 BLAIR DRIVE ORLANDO, FL 32818		Mailing Address 6981 BLAIR DRIVE ORLANDO, FL 32818	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1415 N. PINE HILLS RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO FL	
Zip	Country	Zip	Country
		32808	USA
4. FEI Number 20-0585129		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OGEERALLY, ANTHONY 6981 BLAIR DRIVE ORLANDO, FL 32818		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 		DATE 03-08-08	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGEERALLY, ANTHONY	NAME	
STREET ADDRESS	2878 CAROASSI DR.	STREET ADDRESS	
CITY-ST-ZIP	OCOE, FL 34761	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGEERALLY, EMINTRA	NAME	
STREET ADDRESS	2878 CAROASSI DR.	STREET ADDRESS	
CITY-ST-ZIP	OCOE, FL 34761	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGEERALLY, ANDRE	NAME	
STREET ADDRESS	2878 CAROASSI DR.	STREET ADDRESS	
CITY-ST-ZIP	OCOE, FL 34761	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGEERALLY, ADRIAN	NAME	
STREET ADDRESS	2878 CAROASSI DR.	STREET ADDRESS	
CITY-ST-ZIP	OCOE, FL 34761	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 registered agent 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 		DATE 3-08-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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03042008 Chg-P CR2E034 (12/06)