


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90279 024 \*\*\*150.00

<b>DOCUMENT # P04000012241</b>	
1. Entity Name <b>TRI-PAINT, INC.</b>	

Principal Place of Business <b>4928 ANDREA LANE PACE FL 32571</b>	Mailing Address <b>4928 ANDREA LANE PACE FL 32571</b>
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2. Principal Place of Business <b>3944 Redbud Lane</b>	3. Mailing Address <b>3944 Redbud Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MILTON, FL</b>	City & State <b>MILTON, FL</b>
Zip <b>32571-9341</b>	Zip <b>32571-9341</b>
Country <b>USA</b>	Country <b>USA</b>

1st MOORE CR2E034 (10/05)

4. FEI Number **03-0535161**

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

6. Name and Address of Current Registered Agent <b>KREVATAS, GEORGE 4928 ANDREA LANE PACE FL 32571</b>	
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7. Name and Address of New Registered Agent Name <b>GEORGE KREVATAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3944 Redbud Lane</b> City <b>MILTON</b> FL Zip Code <b>32571</b>	
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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  **GEORGE KREVATAS, PRESIDENT** (S) 4/27/06

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KREVATAS, GEORGE 4928 ANDREA LANE PACE FL 32571 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KREVATAS, JODI 4928 ANDREA LANE PACE FL 32571 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4928 ANDREA LANE MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4928 ANDREA LANE MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **GEORGE KREVATAS, PRESIDENT** (S) 4/27/06 (850) 994-8071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #