2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026219

Entity Name: ARVEN PAINTING INC.

FILED May 05, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1000 LAKE OF THE WOODS BVLD 838 PARK LAKE CIR MAITLAND, FL 32751 H-104

FERN PARK, FL 32730

New Mailing Address: Current Mailing Address:

1000 LAKE OF THE WOODS BVLD 838 PARK LAKE CIR MAITLAND, FL 32751 APT H - 104 FERN PARK, FL 32730

FEI Number: 61-1425930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CIZ, JULIAN M SR PEREZ, LEVITT R 1000LAKE OF THE WOODS BVLD 12329 ÁCCEPITER DR APT H - 104 ORLANDO, FL 32837 US FERN PARK, FL 32730 US

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.

SIGNATURE: LEVITT PEREZ 05/05/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

PEREZ, ARLISS K MRS PEREZ, ARLISS K MRS Name: Name: 1000 LAKE OF THE WOODS BVLD Address: 838 PARK LAKE CIR Address: City-St-Zip: FERN PARK, FL 32730 US City-St-Zip: MAITLAND, FL 32751 US

Title: () Delete Title: **VPS** () Change (X) Addition

Name: Name: CIZ. JULIAN M Address: Address: 838 PARK LAKE CIR MAITLAND, FL 32751 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLISS PEREZ PD 05/05/2005