FILED
Aug 16, 2006 8:00 am
Secretary of State

04-13-2006 90289 014 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000028216

1. Entity Name

A TOUCH OF PAINT INC.

Principal Place of Business	Mailing Address
207 TEMPLE AVE. FERN PARK FL 32730	207 TEMPLE AVE. FERN PARK FL 32730

207

000200104

770623344

CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
207 Temple Ave	SAME
Suite, Apt. #, etc.: Fern Park	Suite, Apt. #, etc.
City & State: Fl 32707	City & State
Zip: 32707 / Country	Zip / Country

4. FEI Number [redacted] — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLMAN, MICHAEL B 207 TEMPLE AVE. FERN PARK FL 32730	Name: Allman Michael B Street Address (P.O. Box Number is Not Acceptable): 207 Temple Ave Fern Park City: FL Zip Code: 32720

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]* Date: 4-5-06

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, 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLMAN, MICHAEL B 207 TEMPLE AVE. FERN PARK FL 32730 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Michael Allman *[signature]* Date: 4-5-06 Daytime Phone #: 321-377-2717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR