2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 02, 2006
Secretary of State

DOCUMENT# P04000034241

Entity Name: MAGIC BRUSH PAINTING OF DESTIN INC.

Current Principal Place of Business:

710 LEGION DRIVE
APT. E1
DESTIN, FL 32541 US

New Principal Place of Business:

9416 STATE HIGHWAY 20 WEST
FREEPORT, FL 32439 US

Current Mailing Address:

710 LEGION DRIVE
APT. E1
DESTIN, FL 32541 US

New Mailing Address:

9416 STATE HIGHWAY 20 WEST
FREEPORT, FL 32439 US

FEI Number: 20-0764736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FANELLA, NICHOLAS R
434 TANGLEWOOD COURT
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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: NICHOLAS R FANELLA
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: PD ( ) Delete
Name: MORENO, JOSE
Address: 710 LEGION DRIVE APT E1
City-St-Zip: DESTIN, FL 32541 US

Title: VPD ( ) Delete
Name: NUNEZ, RAFAEL
Address: 710 LEGION DRIVE APT E1
City-St-Zip: DESTIN, FL 32541 US

Title: SD (X) Delete
Name: TORRES, CAROLINA
Address: 710 LEGION DRIVE APT E1
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TORRES, CAROLINA
Address: 9416 STATE HGHWAY 20 W
City-St-Zip: FREEPORT, FL 32439 US

Title: VP (X) Change ( ) Addition
Name: NUNEZ-PEREZ, RAFAEL
Address: 9416 STATE HIGHWAY 20 W
City-St-Zip: FREEPORT, FL 32439 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CAROLINA TORRES P 02/02/2006
Electronic Signature of Signing Officer or Director Date