

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000053786</b> 1. Entity Name <b>HIGH PRESSURE PAINTING INC.</b>			
Principal Place of Business <b>5635 COMMERCE DR ORLANDO, FL 32839</b>		Mailing Address <b>5635 COMMERCE DR ORLANDO, FL 32839</b>	
2. Principal Place of Business <b>5660 COMMERCE DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>5660 COMMERCE DR</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO</b>		City & State <b>ORLANDO</b>	
Zip <b>FL 32839</b>	Country <b>32839</b>	Zip <b>FL 32839</b>	Country <b>32839</b>
4. FEI Number <b>861100971</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SILVEA, DAN 5635 COMMERCE DR ORLANDO, FL 32839</b>		7. Name and Address of New Registered Agent Name <b>NEIL LEVITT</b> Street Address (P.O. Box Number is Not Acceptable) <b>9201 McDAVID CT</b> City <b>WINDERMERE</b> <b>FL</b> Zip Code <b>34786</b>	
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 <span style="float: right;">Feb 28<sup>th</sup> 2005</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>HEYWORTH-DAVIS, SIMON</b> <b>1836 GRINNELL TERRACE</b> <b>WINTER PARK, FL 32789</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>NEIL LEVITT</b> <b>9201 McDAVID CT</b> <b>WINDERMERE FL 34786</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>GORDON MARK</b> <b>1145 N. TROPICAL TRAIL</b> <b>MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>GORDON MARK</b> <b>1145 N. TROPICAL TRAIL</b> <b>MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:		Date <b>Feb 28<sup>th</sup> 2005</b> Daytime Phone # <b>4078591595</b>	