


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000054433 1. Entity Name TOTAL QUALITY PAINTING, INC	
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Principal Place of Business 16917 BAY AVE MONTVERDE, FL 34756	Mailing Address 16917 BAY AVE MONTVERDE, FL 34756
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05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0933844	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUPERCIO, HUGO 170 WINDTREE LN. WINTER GARDEN, FL 34787
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DO NOT WRITE IN THIS SPACE

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, 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 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUPERCIO, HUGO 16917 BAY AVE MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRAGAN, LORENA 16917 BAY AVE MONTVERDE, FL 34756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000562655 05/19/06-80063-012 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **5/2/06** Daytime Phone # _____