2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# P04000075296

Entity Name: A PLUS BY HAND PAINTING INC.

Current Principal Place of Business:

11861 BRANCH MOORING DR.
TAMPA, FL 33635 US

New Principal Place of Business:

13505 SUMMIT AVE
TAMPA, FL 33612

Current Mailing Address:

11861 BRANCH MOORING DR.
TAMPA, FL 33635 US

New Mailing Address:

FEI Number: 20-1085377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARIAS, RAFAEL E SR.
11861 BRANCH MOORING DR.
TAMPA, FL 33635 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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARIAS, RAFAEL E SR.
Address: 11861 BRANCH MOORING DR.
City-St-Zip: TAMPA, FL 33635 US

Title: S ( ) Delete
Name: ARIAS, RAFAEL E SR.
Address: 11861 BRANCH MOORING DR.
City-St-Zip: TAMPA, FL 33635 US

Title: T ( ) Delete
Name: ARIAS, RAFAEL E SR.
Address: 11861 BRANCH MOORING DR.
City-St-Zip: TAMPA, FL 33635 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: BONANO, ALFREDO
Address: 11866 BRANCH MOORING DR
City-St-Zip: TAMPA, FL 33635 US

Title: SEC (X) Change ( ) Addition
Name: MONT, LISABELL
Address: 11861 BRANCH MOORING DR.
City-St-Zip: TAMPA, FL 33635 US

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: RAFEL ARIAS P 03/29/2006

Electronic Signature of Signing Officer or Director Date