

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000082919

Entity Name: N.E.P. PAINTING, INC.

FILED
May 11, 2006
Secretary of State

Current Principal Place of Business:

16102 KEALAN CIR
MONTVERDE, FL 34756

New Principal Place of Business:

Current Mailing Address:

16102 KEALAN CIR
MONTVERDE, FL 34756

New Mailing Address:

POST OFFICE BOX 560516
MONTVERDE, FL 34756

FEI Number: 33-1092048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPRUILL, C E SR.
16102 KEALAN CIRCLE
MONTVERDE, FL 34756 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

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: SPRUILL, C E SR.
Address: 16102 KEALAN CIR
City-St-Zip: MONTVERDE, FL 34756

Title: T () Delete
Name: SPRUILL, C E SR.
Address: 16102 KEALAN CIR
City-St-Zip: MONTVERDE, FL 34756

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPA (X) Change () Addition
Name: SPRUILL, C E SR.
Address: 16102 KEALAN CIR
City-St-Zip: MONTVERDE, FL 34756

Title: CCO (X) Change () Addition
Name: VALE, JERRY
Address: POST OFFICE BOX 560516
City-St-Zip: MONTVERDE, FL 34756

Title: ST () Change (X) Addition
Name: WATSON, LAVERNE
Address: 6541 WESTMONT DRIVE
City-St-Zip: ORLANDO, FL 32835

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: C.E. SPRUILL, SR.

DPA

05/11/2006

Electronic Signature of Signing Officer or Director

Date