## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P04000083348 03-23-2006 90015 024 \*\*\*150.00 NU FINISH PAINT TECHNOLOGIES, INC Principal Place of Business Mailing Address 50004803 8500 WATER CAY 8500 WATER CAY WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 3. Mailing Address 6338 6 Keense colo 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 02232006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 73-1705129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired oun Beach 11 و د فر Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DECISI, MARTIN V Street Address (P.O. Box Number is Not Acceptable) 4361 NORTHLAKE BLVD PALM BEACH GARDENS, FL. 33410 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition Delete TITLE Change TITLE PETERSON, FRANK L is/<sub>M</sub>ME STREET ADDRESS 8500 WATER CAY STREET ADDRESS CITY-ST-7IP 33411 CITY-ST-ZIP WEST-PALM BEACH, FL 33411 TITLE ☐ Channe ☐ Addition HILE Delete PETERSON, VICKIE L NAME NAME 8500 WATER CAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP WEST PALM BEACH, PL 33411 TITLE Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2016 ☐ Delete TITLE Change Addition SAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP HILL ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

SIGNATURE: ~ U

HILE

NAME STREET ADDRESS

CITY-ST-ZIP

Vicke & Ysterson

3/11/06

FILED Mar 23, 2006 8:00 am

684-6346

Change

☐ Addition