

FILED
Jul 12, 2006 08:00 AM
Secretary of State

1. Entity Name
BC PAINTING, INC.



Mailing Address
37 SEA ISLAND DR N
ORMOND BY THE SEA, FL 32176

DO NOT WRITE IN THIS SPACE



07092006 No Chg-P CR2E034 (11/05)

4. FBI Number
30-0222379

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUTLER, RONALD
1172 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

**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)

DAT

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BREAULT, DAVID
STREET ADDRESS	37 SEA ISLAND DR N
CITY - ST - ZIP	ORMOND BY THE SEA, FL 32176

TITLE	VP
NAME	BREAULT, SHELLI
STREET ADDRESS	37 SEA ISLAND DR N
CITY - ST - ZIP	ORMOND BY THE SEA, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000569670
07/12/06-80009-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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

No.

Deutscher Physik