2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000112497

1. Entity Name
MASTERPIECE PAINTING BY DOMINICK INC

Principal Place of Business	Mailing Address
249 N BRIGHTON DR PORT ORANGE, FL 32127	249 N BRIGHTON DR PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

03162006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1433682	Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIMONTANA, DOMINICK
249 N BRIGHTON DR
PORT ORANGE, FL 32127

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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: _Dominick Traue_   4-20-06

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

DOMINICK TRAMONTANA

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U000000554003
05/15/06-00071-022 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TRIMONTANA, DOMINICK
STREET ADDRESS	249 N BRIGHTON DR
CITY - ST - ZIP	PORT ORANGE, FL 32127

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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CITY - ST - ZIP	

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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: _Dominick Tramonta_   4-20-06   3866892238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Dominick Tramontana