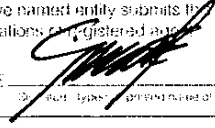
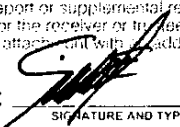


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90108 023 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                                                       |                                                                                                                                                                                                                             |                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| DOCUMENT # P04000121297                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                       |                                                                                                                                                                                                                             |  |  |
| 1. Entity Name<br><b>FACTORY PAINTING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                                                       |                                                                                                                                                                                                                             |                                                                                   |  |
| Principal Place of Business<br><b>6950 LANDINGS DR., SUITE 101<br/>LAUDERHILL, FL 33319</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                                                       | Mailing Address<br><b>6950 LANDINGS DR., SUITE 101<br/>LAUDERHILL, FL 33319</b>                                                                                                                                             |                                                                                   |  |
| 2. Principal Place of Business (No P.O. Box #)<br><b>832 N.W. 110TH AVENUE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                                                       | 3. Mailing Address<br><b>832 N.W. 110TH AVENUE</b>                                                                                                                                                                          |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                                                                                                       | Suite, Apt. #, etc.                                                                                                                                                                                                         |                                                                                   |  |
| City & State<br><b>PLANTATION, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                                                       | City & State<br><b>PLANTATION, FL</b>                                                                                                                                                                                       |                                                                                   |  |
| Zip<br><b>33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                                                                                                       | Zip<br><b>33324</b>                                                                                                                                                                                                         |                                                                                   |  |
| Country<br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                       | Country<br><b>US</b>                                                                                                                                                                                                        |                                                                                   |  |
| 4. FEI Number<br><b>20-1551792</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                      |                                                                                   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                       | 04262007 Chg-P CR2E034 (12/06)                                                                                                                                                                                              |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MORALES, EDUARDO G<br/>6950 LANDINGS DRIVE, SUITE 101<br/>FORT LAUDERDALE, FL 33319</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                       | 7. Name and Address of New Registered Agent<br><br>Name <b>EDUARDO E. MORALES</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>832 N.W. 110TH AVENUE</b><br><br>City <b>PLANTATION</b> FL Zip Code <b>33324</b> |                                                                                   |  |
| 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  (PRINT: Registered Agent signature required with document)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                       |                                                                                                                                                                                                                             |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                             |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PTD<br>MORALES, EDUARDO G<br>6950 LANDINGS DR., SUITE 101<br>LAUDERHILL, FL 33319 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | P/T/D <b>EDUARDO E. MORALES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>832 N.W. 110TH AVENUE<br/>PLANTATION, FL 33324</b>                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VSD<br>LOPEZ, NANCY<br>6950 LANDINGS DR., SUITE 101<br>LAUDERHILL, FL 33319 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | V/S/D <b>NANCY LOPEZ</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>832 N.W. 110TH AVENUE<br/>PLANTATION, FL 33324</b>                                                              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                           |                                                                                   |  |
| 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 address, with all other like empowered. |                                                                                                                   |                                                                                                                       |                                                                                                                                                                                                                             |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   | <b>EDUARDO E. MORALES</b>                                                                                             |                                                                                                                                                                                                                             | <b>04/27/07 954-444-3045</b>                                                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   | Date                                                                                                                  |                                                                                                                                                                                                                             | Phone Number                                                                      |  |