



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000122674						
<small>1. Entity Name</small> PAINTING PROCESS INCORPORATED						
<small>Principal Place of Business</small> 5803 SOUTHWIND DRIVE MULBERRY, FL 33860 US	<small>Mailing Address</small> 5803 SOUTHWIND DRIVE MULBERRY, FL 33860 US	 01112008 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;"><small>4. FEI Number</small> 20-1546378</td><td style="width: 40%; padding: 2px;"><small>Applied For</small> <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 20-1546378	<small>Applied For</small> <input type="checkbox"/> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	
<small>4. FEI Number</small> 20-1546378	<small>Applied For</small> <input type="checkbox"/> Not Applicable					
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
<small>6. Name and Address of Current Registered Agent</small> BROWN, DOUGLAS A 5803 SOUTHWIND DRIVE MULBERRY, FL 33860		DO NOT WRITE IN THIS SPACE				
<small>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.</small>						
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when re/instating)</small> <small>DATE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
<small>TITLE</small>	PRES					
<small>NAME</small>	BROWN, DOUGLAS A					
<small>STREET ADDRESS</small>	5803 SOUTHWIND DRIVE					
<small>CITY-ST-ZIP</small>	MULBERRY, FL 33860					
<small>TITLE</small>	T					
<small>NAME</small>	BROWN, KATHY A					
<small>STREET ADDRESS</small>	5803 SOUTHWIND DR					
<small>CITY-ST-ZIP</small>	MULBERRY, FL 33860					
<small>TITLE</small>						
<small>NAME</small>						
<small>STREET ADDRESS</small>						
<small>CITY-ST-ZIP</small>						
<small>TITLE</small>						
<small>NAME</small>						
<small>STREET ADDRESS</small>						
<small>CITY-ST-ZIP</small>						
<small>TITLE</small>						
<small>NAME</small>						
<small>STREET ADDRESS</small>						
<small>CITY-ST-ZIP</small>						
<div style="text-align: right; padding-right: 50px;">000000489395 04/18/06-80014-011 150.00</div> <div style="text-align: center; padding: 20px;">DO NOT WRITE IN THIS SPACE</div>						
<small>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.</small>						
SIGNATURE: <u>Douglas A. Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-10-06 863 <small>Date Daytime Phone #</small> 6485050				