


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90024 035 \*\*\*150.00

<b>DOCUMENT # P04000129828</b> 1. Entity Name <b>FUENTES QUALITY PAINTING, INC</b>					
Principal Place of Business <b>8812 30TH ST EAST PARRISH, FL 34219 US</b>			Mailing Address <b>1005 63RD AVE. WEST SUITE #4 BRADENTON, FL 34207 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>8812 30th St. East</b> Suite, Apt. #, etc.		
City & State <b>Parrish, FL</b>			4. FEI Number <b>20-1620807</b>		
Zip <b>34219</b>			Country <b>USA</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			02012006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent <b>FUENTES, MARCUS 8812 30TH ST EAST PARRISH, FL 34219</b>				7. Name and Address of New Registered Agent Name <b>Fuentes, Marcos</b> Street Address (P.O. Box Number is Not Acceptable) <b>8812 30th St. East</b> City <b>Parrish</b> <b>FL</b> Zip Code <b>34219</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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>3-22-06</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FUENTES, MARCUS</b> <b>1005 63RD AVE. WEST, SUITE #4</b> <b>BRAENTON, FL 34207</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b> <b>Fuentes, Marcos</b> <b>8812 30th St. East</b> <b>Parrish, FL 34219</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 an address, with all other like empowered.					
<b>SIGNATURE: MARCOS A. FUENTES - ARANJO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-22-06 941-737-0672</b> <small>Date Daytime Phone #</small>		

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