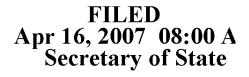
2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000130437 MOBILE PAINT STRIPPING, INC. Principal Place of Business Mailing Address P.O. BOX 1195 P.O. BOX 1195 SANFORD, FL 32771 SANFORD, FL 32771



CR2E034 (11/05)

Fee Required



No Cha-P

04132007

DO NOT WRITE IN THIS SPACE

0-102007 c.i.g.		5.12200 (1.1.00)		
4.	FEI Number		Applied For	
	43-2060675		Not Applicable	
5.	Certificate of Status Desired		\$8.75 Additional	

6. Name and Address of Current Registered Agent

SUAREZ, CARLOS R 4670 CARROWAY PLACE D-18 SANFORD, FL 32771

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) OATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, CARLOS R 4670 CARROWAY PLACE D-18 SANFORD, FL 32771				U00000710399 04/25/07-80041-020 150.00		
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TITLE NAME STREET ADDRESS: CITY-ST-ZIP		1 33° C' But					
12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

TYPED OR PRINTED NAME OF SWING OFFICER OR DIRECTOR