2007 FOR PROFIT CORPORATION

FILED AM te

ANNUAL REPORT				Apr 16, 2007 08:00		
1. Entity Nam	MENT # P040001335 L'S PAINTING, INC.	581			Secretary of Stat	
2901 23RD	e of Business ST N URG, FL 33713	Mailing Address 2901 23RD ST N ST PETERSBURG, FL 33713		 	Il dann andr aben benk botal karb had endl andl itelk hakbe i hat	
D	O NOT WRITE		CE	04132007 No Chg-P CR2E034 (11/05) 4. FEI Number		
JAMES ACCOUNTING & TAX SVC., INC. 2942 49TH ST N ST PETERSBURG, FL 33710			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. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: typed or printed name of registered agent and bille if applicable (NOTE: Registered Agent signature required when remaining) OATE						
FILE NOWIII FEE IS \$150.00 9. Election Campaign Finar After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees		
IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINSHALL, KENNETH 2901 23RD ST N ST PETERSBURG, FL 33713 S/T MINSHALL, ELLEN 2901 23RD ST N ST PETERSBURG, FL 33713	nectors .			000000707449 04/24/07-80075-001 150.00 NOT WRITE THIS SPACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						

12. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Kenneth & Mushall

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-14-07

Daytime Phone #