


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90848 039 ***150.00

DOCUMENT # P04000152805	
1. Entity Name DYNAMIC DESIGN PAINTING, INC	

Principal Place of Business 8223 RED CEDAR DRIVE PORT RICHEY, FL 34668	Mailing Address 8223 RED CEDAR DRIVE PORT RICHEY, FL 34668
--	--

40093560



2. Principal Place of Business - No P.O. Box # 10315 Adler St	3. Mailing Address 10315 Adler St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04142007 Chg-P CR2E034 (12/06)

City & State Spring Hill FL	City & State Spring Hill FL
Zip 34608	Zip 34608
Country Hernando	Country Hernando

4. FEI Number 20-1876578	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent SCHUSTER, WILLIAM C 8223 RED CEDAR DRIVE PORT RICHEY, FL 34668	
7. Name and Address of New Registered Agent Name William C Schuster Street Address (P.O. Box Number is Not Acceptable) 10315 Adler St. City Spring Hill FL Zip Code 34608	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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 <i>William C. Schuster</i>	William C Schuster President	DATE 4-21-07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUSTER, WILLIAM C		NAME William C Schuster	
STREET ADDRESS 8223 RED CEDAR DRIVE		STREET ADDRESS 10315 Adler St.	
CITY-ST-ZIP PORT RICHEY, FL 34668		CITY-ST-ZIP Spring Hill FL 34608	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUSTER, DIANA L		NAME Diana L Schuster	
STREET ADDRESS 8223 RED CEDAR DRIVE		STREET ADDRESS 10315 Adler St.	
CITY-ST-ZIP PORT RICHEY, FL 34668		CITY-ST-ZIP Spring Hill FL 34608	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.		
SIGNATURE: <i>William C. Schuster</i>	William C Schuster, President	DATE 4-21-07 727-271-0974
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		