

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163751

FILED
Feb 19, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA PAINTING SERVICE INC

Current Principal Place of Business:

10303 LECON BRANCH CT
ORLANDO, FL 32825 US

New Principal Place of Business:

10630 WILLOW RIDGE LOOP
ORLANDO, FL 32825 US

Current Mailing Address:

10303 LECON BRANCH CT
ORLANDO, FL 32825 US

New Mailing Address:

10630 WILLOW RIDGE LOOP
ORLANDO, FL 32825 US

FEI Number: 20-1961016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCILA, NESTOR
10303 LECON BRANCH CT
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

ARCILA, NESTOR
10630 WILLOW RIDGE LOOP
ORLANDO, FL 32825 US

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.

SIGNATURE: NESTOR ARCILA

02/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARCILA, NESTOR
Address: 10303 LECON BRANCH CT
City-St-Zip: ORLANDO, FL 32825 US

Title: VP () Delete
Name: CASTRILLON, LUZ M
Address: 10303 LECON BRANCH CT
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARCILA, NESTOR
Address: 10630 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825 US

Title: VP (X) Change () Addition
Name: CASTRILLON, LUZ M
Address: 10630 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NESTOR ARCILA

OWNE

02/19/2007

Electronic Signature of Signing Officer or Director

Date