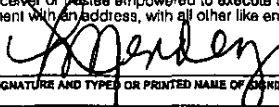


**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90039 011 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                                                                                                                                         |                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000014237</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                        |                                                                                                                                                                     |
| 1. Entity Name<br><b>DANIEL' PAINT &amp; BODY SHOP, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                                         |                                                                                                                                                                     |
| Principal Place of Business<br><b>11750 NW 87TH PLACE BAY 14 &amp; 15<br/>HIALEAH GARDENS, FL 33018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               | Mailing Address<br><b>11750 NW 87TH PLACE BAY 14 &amp; 15<br/>HIALEAH GARDENS, FL 33018</b>                                             |                                                                                                                                                                     |
| 2. Principal Place of Business<br><b>11750 NW 87 PL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               | 3. Mailing Address<br><b>11750 NW 87 PL Bay</b>                                                                                         |                                                                                                                                                                     |
| Suite, Apt. #, etc.<br><b>Bay 14, 15</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               | Suite, Apt. #, etc.<br><b>14, 15</b>                                                                                                    |                                                                                                                                                                     |
| City & State<br><b>Hialeah Gardens FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               | City & State<br><b>Hialeah Gardens</b>                                                                                                  |                                                                                                                                                                     |
| Zip<br><b>33018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               | Country<br><b>USA</b>                                                                                                                   |                                                                                                                                                                     |
| Zip<br><b>33018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               | Country<br><b>USA</b>                                                                                                                   |                                                                                                                                                                     |
| 4. FEI Number<br><b>20-2226610</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                                                                                                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               | <b>\$8.75 Additional Fee Required</b>                                                                                                   |                                                                                                                                                                     |
| 6. Name and Address of Current Registered Agent<br><b>MELENDEZ, LORDILEN<br/>11750 NW 87TH PLACE BAY 14 &amp; 15<br/>HIALEAH GARDENS, FL 33018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                                                                                                     |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                                                                                                                                         |                                                                                                                                                                     |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |                                                                                                                                                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>MELENDEZ, LORDILEN<br>11750 NW 87TH PLACE BAY 14 & 15<br>HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>MANZO, DANIEL<br>11750 NW 87TH PLACE BAY 14 & 15<br>HIALEAH GARDENS, FL 33018 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | V<br>Gerald J. Mendez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>11750 NW 87 PL Bay 14, 15<br/>Hialeah Gardens FL 33018</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                               |                                                                                                                                         |                                                                                                                                                                     |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               | Date: <b>2/1/06</b>                                                                                                                     |                                                                                                                                                                     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               | Daytime Phone if                                                                                                                        |                                                                                                                                                                     |

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