

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021906

Entity Name: ALL OUT PAINTING, INC.

FILED  
Apr 19, 2007  
Secretary of State

**Current Principal Place of Business:**

1129 SW 31 TERRACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

1129 SW 31 TERRACE  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 20-2326846      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, JOANNE  
1129 SW 31 TERRACE  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BROWN, JOANNE  
Address: 1129 SW 31 TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete  
Name: BROWN, STEVEN K  
Address: 1129 SW 31 TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: C ( ) Delete  
Name: MCCOWEN, MITCHELL  
Address: 4418 SW SANTA BARBARA PL  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: MCCOWEN, MITCHELL  
Address: 1129 SW 31 ST TER  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify 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: JOANNE BROWN

DP

04/19/2007

Electronic Signature of Signing Officer or Director

Date