

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90070 029 \*\*\*150.00

<b>DOCUMENT # P05000035068</b>					
<b>1. Entity Name</b> <b>DAVE'S DECORATIVE PAINTING INC.</b>					
<b>Principal Place of Business</b> 2329 SW 27TH ST. CAPE CORAL, FL 33914			<b>Mailing Address</b> 2329 SW 27TH ST. CAPE CORAL, FL 33914		
<b>2. Principal Place of Business - No P.O. Box #</b> <i>17828 Oakmont Ridge Ct</i>		<b>3. Mailing Address</b> <i>17828 Oakmont Ridge Ct</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <i>Ft. Myers, FL</i>		<b>City &amp; State</b> <i>Ft. Myers, FL</i>		<b>4. FEI Number</b> 20-3600771	
<b>Zip</b> <i>33912</i>		<b>Country</b> <i>Lee</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MCLEAN, DAVID 2329 SW 27TH ST. CAPE CORAL, FL 33914		<b>7. Name and Address of New Registered Agent</b> Name: <i>Chris Chase</i> Street Address (P.O. Box Number is Not Acceptable): <i>17828 Oakmont Ridge Circle</i> City: <i>Ft. Myers</i> <b>FL</b> <b>Zip Code</b> <i>33912</i>			
<b>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.</b>					
SIGNATURE: <i>CHRISTOPHER W. CHASE</i> <i>Christopher W. Chase</i> <i>3/26/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> MCLEAN, DAVID 2329 SW 27TH ST. CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> Chris Chase 17828 Oakmont Ridge Circle Ft. Myers, FL 33912	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> VASQUEZ, PEDRO 13520 BONITA BEACH RD. BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> Jose Argueta 4759 25th Place SW, Apt D Naples, FL 34116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> PEREZ, JUAN 6638 WARWICK CIRCLE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> David Arango 106 30 Noaks Cir., Apt 806 Naples, FL 34116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <i>CHRISTOPHER W. CHASE</i> <i>Christopher W. Chase</i> <i>3/26/07</i> <i>239-222-0291</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					