2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-04-2006 90139 024 ***150.00

DOCUMENT # P05000047568

1. Entity Name

NEW MILLENIUM PAINT & TEXTURE INC.

Principal Place of Business	Mailing Address
PO BOX 522062 LONGWOOD FL 32752-2062	PO BOX 522062 LONGWOOD FL 32752-2062

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
360 EAST 3rd St.	360 EAST 3rd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CHULUOTA FL	City & State: Chuluota FL
Zip: 32766 Country: SEMINOLE	Zip: 32766 Country: SEMINOLE

4. FEI Number: 41-2172215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A1A REGISTERED AGENT INC. 92 SADBERRY RD QUINCY FL 32351	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUZMAN, JOSE E 360 3RD ST. CHULUOTA FL 32766	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jose E Guzman 3/27/06 3219475484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #