2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 21, 2006
Secretary of State

DOCUMENT# P05000049707

Entity Name: PREMIUM PAINTING, INC.

Current Principal Place of Business:

28 SPRING DR.
POR ORANGE, FL 32129

New Principal Place of Business:

28 SPRING DR.
PORT ORANGE, FL 32129

Current Mailing Address:

28 SPRING DR.
POR ORANGE, FL 32129

New Mailing Address:

28 SPRING DR.
PORT ORANGE, FL 32129

FEI Number: 20-4248172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVESQUE, MARK
28 SPRING DR.
POR ORANGE, FL 32129 US

Name and Address of New Registered Agent:

LEVESQUE, MARK
28 SPRING DR.
PORT ORANGE, FL 32129 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: MARK LEVESQUE 09/21/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEVESQUE, MARK
Address: 28 SPRING DR.
City-St-Zip: PORT ORANGE, FL 32129

Title: OM ( ) Delete
Name: MCMULLEN, JAMES
Address: 9 SPRING DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: OM ( ) Delete
Name: BLEES, BRENDA
Address: 4639 MAHOGANY BLVD., P. O. BOX 891
City-St-Zip: BUNNELL, FL 32110

Title: OM ( ) Delete
Name: BOLEY, CURTIS T
Address: 308 LOOMIS AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARK LEVESQUE D 09/21/2006
Electronic Signature of Signing Officer or Director Date