

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095894

FILED
May 01, 2007
Secretary of State

Entity Name: EAST COAST PAVERS & PAINTING, INC.

Current Principal Place of Business:

5950 LAKEHURST DR.
SUITE 215
ORLANDO, FL 32819 US

New Principal Place of Business:

6849 PASTURELANDS PLACE
WINTER GARDEN, FL 34787 US

Current Mailing Address:

5950 LAKEHURST DR.
SUITE 215
ORLANDO, FL 32819 US

New Mailing Address:

6849 PASTURELANDS PLACE
WINTER GARDEN, FL 34787 US

FEI Number: 20-3116883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEW LIFE PROFESSIONAL SERVICES
5950 LAKEHURST DR
SUITE 215
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

NEW LIFE PROFESSIONAL SERVICES
6849 PASTURELANDS PLACE
WINTER GARDEN, FL 34787 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: HELEN OLIVEIRA

05/01/2007

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: DP () Delete
Name: OLIVEIRA, MARCOS E
Address: 6849 PASTURELANDS PLACE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: DV () Delete
Name: OLIVEIRA, HELEN MARIE F
Address: 6849 PASTURELANDS PLACE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: DT () Delete
Name: MULLER DE OLIVEIRA, KASSIA
Address: 5950 LAKEHURST DR. SUITE 215
City-St-Zip: ORLANDO, FL 32819 US

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:

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: MARCOS OLIVEIRA

DP

05/01/2007

Electronic Signature of Signing Officer or Director

Date