

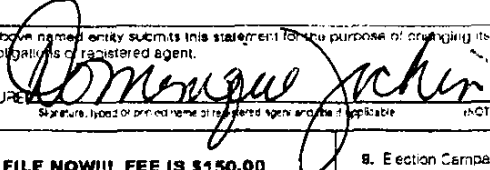
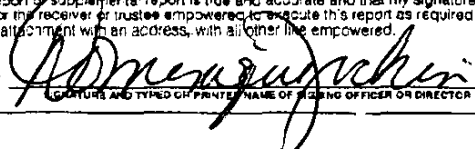
APR-25-06 TUE 10:56 AM

FAX NO.

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90435 007 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                        |                                                                           |
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| <b>DOCUMENT # P05000113701</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                       |                                                                           |
| 1. Entity Name<br><b>PAINT SOMETHING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                                                                        |                                                                           |
| Principal Place of Business<br><b>5945 IBIS STREET<br/>SARASOTA, FL 34241</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   | Mailing Address<br><b>5945 IBIS STREET<br/>SARASOTA, FL 34241</b>                                                      |                                                                           |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | 3. Mailing Address                                                                                                     |                                                                           |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   | Suite, Apt. #, etc.                                                                                                    |                                                                           |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   | City & State                                                                                                           |                                                                           |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                           | Zip                                                                                                                    | Country                                                                   |
| 4. FEI Number<br><b>20-3355115</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                 |                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   | \$8.75 Additional Fee Required                                                                                         |                                                                           |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   | 7. Name and Address of New Registered Agent                                                                            |                                                                           |
| <b>YOHIM, DOMINIQUE</b><br><b>4313 SO LOCKWOOD RIDGE ROAD</b><br><b>SARASOTA, FL 34231</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   |                                                                                                                        |                                                                           |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                           |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                  |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PTD<br><b>BEAKLEY, BAIN W</b><br><b>5945 IBIS STREET</b><br><b>SARASOTA, FL 34241</b>             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | PTD<br><b>Beakley, Bain W.</b><br><b>2978 Forest LANE</b><br><b>34231</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VSD<br><b>YOHIM, DOMINIQUE</b><br><b>4313 SO LOCKWOOD RIDGE ROAD</b><br><b>SARASOTA, FL 34231</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>Same</b>                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         |                                                                           |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 lines empowered. |                                                                                                   |                                                                                                                        |                                                                           |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   | 42506 941923-4722                                                                                                      |                                                                           |