2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000126888

1. Entity Name

ART DESIGN PAINTING GROUP, INC.



FILED Feb 13, 2008 08:00 AN Secretary of State

Principal Place of Business

849 N. LAKE PLEASANT ROAD APOPKA, FL. 32712 Mailing Address

849 N. LAKE PLEASANT ROAD APOPKA, FL. 32712

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1926087 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

TUCKER, ANITA C 849 N. LAKE PLEASANT RD. APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE

		.		u .	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registerer	d office or n	egistered agent, or bo -	th, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered			Agent signiture	required when nameboring)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000826284 02/21/08-80043-012 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZEP	P TUCKER, ANITA C 849 NORTH LAKE PLEASANT ROAD APOPKA, FL. 32712			, , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZP			er er		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			٠.	IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ur	
NAME STREET ADDRESS CITY-ST-ZIP				The second secon	
12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information					

12. I hereby certify that the information supplied with this fiting 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

22/08 4073

Dondone Phone 6