



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90036 002 \*\*\*150.00

<b>DOCUMENT # P05000127065</b> 1. Entity Name <b>ARIAS PAINTING CORP.</b>					
Principal Place of Business <b>12016 VILLANOVA DRIVE #101 ORLANDO, FL 32837</b>			Mailing Address <b>12016 VILLANOVA DRIVE #101 ORLANDO, FL 32837</b>		
2. Principal Place of Business - No P.O. Box # <b>2849 CLIPPER COVE LN</b>		3. Mailing Address <b>2849 CLIPPER COVE LN</b>			
Suite, Apt. #, etc. <b>201</b>		Suite, Apt. #, etc. <b>201</b>		04292007    Chg-P    CR2E034 (12/06)	
City & State <b>KISSIMMEE, FL</b>		City & State <b>KISSIMMEE, FL</b>		4. FEI Number <b>20-3476798</b>	
Zip <b>34741</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARIAS, JHON A 3114 HOUNDSWORTH COURT #504 ORLANDO, FL 32837</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <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 <u><i>Jhon A. Arias</i></u> DATE <u>04/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	DPTS ARIAS, JHON A 12016 VILLANOVA DRIVE APT 101 ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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: <u><i>Jhon A. Arias</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/30/07</u> Daytime Phone # <u>(407) 484-5852</u>		