2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

09-12-2006 90008 046 ***150.00
P05000130129

FILED
06 SEP 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

DOCUMENT # P05000130129

1. Entity Name
DARREN MALDONADO MASTER TOUCH PAINTING INC.

Principal Place of Business	Mailing Address
4339 PORTAGE DR POLK CITY FL 33868	4339 PORTAGE DR POLK CITY FL 33868

2. Principal Place of Business	3. Mailing Address
2615 Tanglewood #20	4339 Portage Dr.
Suite, Apt. #, etc. #20	Suite, Apt. #, etc. Polk
City & State Lakeland, FLA.	City & State Polk City FLA.
Zip 33801 Country USA	Zip 33868 Country USA

2nd MOORE CR2E034 (4/06)

4. FEI Number 56-2533110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURNLEY, PAMELA 4339 PORTAGE DR POLK CITY FL 33868	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Pamela Burnley Pamela Burnley 9/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALDONADO, DARREN 4339 PORTAGE DR POLK CITY FL 33868 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST OFFICER Jessie W. moody JR. 269 Leelon Road Lakeland, FLA. 33809 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Darren Maldonado 9-6-06 863-576-3032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Corporations Department, 212

ATTACHMENT
40103945
#P05000130129

We truthfully did not receive any prior notification before we received this Annual Report paper & fee of $550.00. We are a new Small Business. We unfortunately didn't know we were late. Please accept our $150.00 payment.

also, Could you please send the proper paper in Order for us to make a name Change. Instead of Darren Maldonado Master Touch painting, Inc. to just master Touch Paintings, Inc.

Thank you.

Sincerely,

Darren Maldonado

9-6-09