


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90095 024 ***158.75

DOCUMENT # P05000130129 1. Entity Name DARREN MALDONADO MASTER TOUCH PAINTING INC.					
Principal Place of Business 2615 TANGLEWOOD #20 LAKELAND, FL 33801			Mailing Address 4339 PORTAGE DR. POLK CITY, FL 33868		
2. Principal Place of Business - No P.O. Box # 2439 Harrison place Blvd.			3. Mailing Address 2439 Harrison place Blvd.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Lakeland Florida			City & State Lakeland Florida		
Zip 33810			Zip 33810		
Country FL			Country FL		
4. FEI Number 56-2533110			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BURNLEY, PAMELA 4339 PORTAGE DR POLK CITY, FL 33868			7. Name and Address of New Registered Agent Name Pamela Burnley Street Address (P.O. Box Number is Not Acceptable) 2439 Harrison place Blvd. City Lakeland FL 33810		
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>Pamela Burnley</i></u> DATE <u>5-1-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AO MOODY, JESSIE W JR 269 LEELON ROAD LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>Darren Maldonado</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5-1-07</u>		Daytime Phone # <u>863-889-2540</u>	

ATTACHMENT

5-2-07

40106003

P05 000130/29

DARREN MALDONADO MASTER TOUCH PAINTING, INC.
2439 HARRISON PLACE BLVD.
LAKELAND , FLORIDA, 33810
PH. 863-859-2540 FAX. 863- 859-0896

CORPORATIONS OFFICE I TRIED ON THE 1ST OF MAY AND THE 30TH OF APRIL TO FILE ONLINE ...I HAD TO FINALLY DOWN LOAD THIS ANNUAL REPORT AFTER SPEAKING WITH A REPRESENTATIVE AT YOUR OFFICE ...HE INSTRUCTED ME TO MAIL IT IN AND EXPLAIN WHAT HAD HAPPENED ...I AM VERY SORRY I WAS UNABLE TO MEET YOUR DEAD LINE ...I WILL DO THIS NEXT YEAR A COUPLE OF WEEKS BEFORE THE DEAD -LINE PLEASE EXEMPT ME FROM THE LATE FEE...I HAVE ENCLOSED A CHECK FOR \$150.00 FEE AND THE \$8.75 FEE FOR A CERTIFICATE. THANKYOU FOR YOUR UNDERSTANDING.

HAVE A GREAT DAY!!!

SIGNED



DARREN MALDONADO