

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90037 031 \*\*\*150.00

<b>DOCUMENT # P05000137440</b>					
<b>1. Entity Name</b> DONIS PAINTING ENTERPRISES INC					
<b>Principal Place of Business</b> 3586 SW 61 WAY DAVIE, FL 33314			<b>Mailing Address</b> 3586 SW 61 WAY DAVIE, FL 33314		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05242006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 20-3606881				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DONIS, GERBER J 3586 SW 61 WAY DAVIE, FL 33314			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE: <u>Gerber J Donis</u> (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DONIS, GERBER J 3586 SW 61 WAY DAVIE, FL 33314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Gerber J Donis</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					