2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140067

FILED Apr 12, 2007 Secretary of State

Entity Name: BRUSH STROKES AND MORE BY JACKIE, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
17355 BUS JUPITER, F	H RD APT F FL 33458					
Current Mailing Address:				New Mailing Address:		
17355 BUS JUPITER, F	H RD APT F L 33458					
FEI Number:	02-0756877	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US				GAINES, JACKIE L PTD 17355 BUSH RD APT F JUPITER, FL 33458 US		
The above in the State		submits this statement for the p	ourpose o	f changing its register	ed office or registered agent, or both,	
SIGNATURE: JACKIE L. GAINES				04/12/2007		
	Electron	ic Signature of Registered Age	ent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTD () GAINES, JACKI 17355 BUSH RI JUPITER, FL 3	O APT F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS () GAINES, DANA 17355 BUSH RI JUPITER, FL 3	O APT F		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKIE L. GAINES PTD 04/12/2007