

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90030 045 ***150.00

DOCUMENT # P05000148966

1. Entity Name
DONE RITE COMPLETE PAINTING, INC.



Principal Place of Business Mailing Address

1813 CLACTON DRIVE **1813 CLACTON DRIVE**
ORLANDO, FL 32837 **ORLANDO, FL 32837**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4409 LAKE CALASAY DR. **4409 LAKE CALASAY DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ORLANDO, FL. **ORLANDO FL.**

Zip Country Zip Country

32837 **U.S.** **32837** **U.S.**

40010130



01222007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-3765308 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

AYALA, DARIO J
1813 CLACTON DRIVE
ORLANDO, FL 32837

Name **DIEGO AYALA**

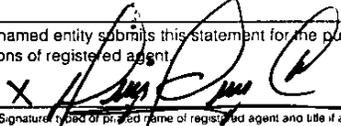
Street Address (P.O. Box Number is Not Acceptable)

4409 LAKE CALASAY DR.

City State Zip Code

ORLANDO **FL** **32837**

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:  DATE

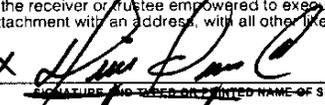
Signature of individual or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	PSD AYALA, DARIO J 1813 CLACTON DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DARIO J. AYALA 4409 LAKE CALASAY DR. ORLANDO, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT AYALA, DIEGO 1813 CLACTON DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DIEGO AYALA 4409 LAKE CALASAY DR. ORLANDO, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Date Daytime Phone #

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR