2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # P06000000 PAINTING, INC.					07 90067 029 **	*150.00		
Principal Place	e of Business	Mailing Address			יטע בי	00100			
Principal Place of Business 5524 23RD STREET EAST BRADENTON, FL 34203		5524 23RD STREET EAST BRADENTON, FL 34203							
Principal Place of Business - No P.O. Box # 3. Mailing Add					-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062007	Chg-P	CR2E034 (12/06		
City & State	В	City & State			4. FEI Number	0-404	<i>='''</i> '''	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A Fee Requi	dditional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered Agent		
			Name	Name					
5524 23R	RMAN, RONALD D D STREET EAST	Street Address		(P.O. Box Number is Not Acceptable)					
BRADENT	ON, FL 34203								
			City	,			FL Zip Co	ode	
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 acce									
	ions of registered agent.		ŭ	Ů	•	:			
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent sig	nature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contril		\$5 . □ Add	.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
TITLE	P	☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP	5524 23RD STREET EAST BRADENTON, FL 34203		STREET ADDRES	55					
TITLE	VP	Delete	TITLE	-			☐ Change	e	
NAME	MAUGHERMAN, MICHELLE D		NAME						
STREET ADDRESS	5524 23RD STREET EAST		STREET ADDRES	ss					
City-St-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				Change	e . 🗌 Addition	
STREET ADDRESS			STREET ADDRES	is					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	-	☐ Delete	TITLE				☐ Change	e 🗌 Addition	
NAME			NAME STREET ADDRES						
STREET ADDRESS CITY-ST-ZIP			CITY-SI-ZIP	»					
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	·>					
TITLE		☐ Delete	TITLE				☐ Change	e 🔲 Addilion	
NAME		_ Delete	NAME				_ 5		
STREET ADDRESS			STREET ADDRES	is					
CITY-ST-ZIP			CITY-ST-ZIP				16.0		
12. Thereby 6	certify that the information supplied with	n this filing does not qualify for	the exemption	s contained	d in Chapter 119	i, Florida Statutes.	i jurther certify that the	Information	

Thereby certify that the information supplied with this laming does in the exemptions contained in Chapter 119, honor stateds. Finding states in 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 orath; 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.

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C.I	C I	ΝΙЛ	١T١	ID	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF NICER OR DIRECTOR

2-6-07 Date

Daytime Phone #