


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90093 005 ***150.00

DOCUMENT # P06000004128	
1. Entity Name THE RIGHT CHOICE PAINTING, INC.	

Principal Place of Business 23108 SUNFIELD DR. BOCA RATON, FL 33433	Mailing Address 23108 SUNFIELD DR. BOCA RATON, FL 33433
---	---

40033472



2. Principal Place of Business - No P.O. Box # 6495 Via Regina	3. Mailing Address 6495 Via Regina
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02052007 Chg-P CR2E034 (12/06)

City & State Boca Raton FL	City & State Boca Raton FL
Zip 33433	Zip 33433
Country USA	Country USA

4. FEI Number 20-4091884	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 1261 E. SAMPLE RD. POMPANO BCH, FL 33064

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--

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: Michael D. Chagas President 03/09/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETO, JOAO C <input type="checkbox"/> Delete 1315 PARTRIDGE CLOSE POMPAMO BCH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAGAS, MICHAEL D <input type="checkbox"/> Delete 1315 PARTRIDGE CLOSE POMPAMO BCH, FL 33064
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Chagas, Michael D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6495 Via Regina Boca Raton FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Chagas 03/09/07 561929-8357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #