


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90177 044 \*\*\*150.00

<b>DOCUMENT # P06000006891</b>	
1. Entity Name <b>PAPA JOE'S PAINT, INC.</b>	

Principal Place of Business <b>417 E. GULLEY AVENUE OAKLAND, FL 34760</b>	Mailing Address <b>P.O. BOX 774 OAKLAND, FL 34760</b>
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**60033131**

2. Principal Place of Business - No P.O. Box # <b>200 W. SILVERTON ST.</b>	3. Mailing Address <b>200 W. SILVERTON ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



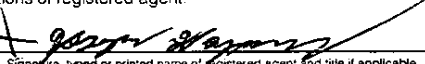
04012008 Chg-P CR2E034 (12/06)

City & State <b>MINNEOLA FL</b>	City & State <b>MINNEOLA FL</b>
Zip <b>34715</b>	Zip <b>34715</b>
Country	Country

4. FEI Number <b>20-4141850</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required


6. Name and Address of Current Registered Agent <b>VAZQUEZ, JOSEPH 417 E. GULLEY AVENUE OAKLAND, FL 34760</b>	
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7. Name and Address of New Registered Agent	
Name <b>VAZQUEZ, JOSEPH</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>200 W. SILVERTON ST.</b>	
City <b>MINNEOLA</b>	FL Zip Code <b>34715</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.	
SIGNATURE 	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VAZQUEZ, JOSEPH P.O. BOX 774 OAKLAND, FL 34760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VAZQUEZ, JOSEPH 200 W. SILVERTON ST. MINNEOLA FL 34715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 	Date Daytime Phone #