2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# P06000010762

Entity Name: G E T PAINTING, INC.

Current Principal Place of Business:

6416 GOLDEN DRIVE
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

6416 GOLDEN DR
TAMPA, FL 336173004

New Mailing Address:

6416 GOLDEN DR
TAMPA, FL 33634

FEI Number: 43-2066952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIGO, SARA
6416 GOLDEN DRIVE
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TRIGO, SARA
Address: 6416 GOLDEN DRIVE
City-St-Zip: TAMPA, FL 33634

Title: SEC ( ) Delete
Name: TRIGO, SARA
Address: 6416 GOLDEN DRIVE
City-St-Zip: TAMPA, FL 33634

Title: TRES ( ) Delete
Name: TRIGO, SARA
Address: 6416 GOLDEN DR
City-St-Zip: TAMPA, FL 33634

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: TRIGO, JOSE E FOREMAN
Address: 6416 GOLDEN DRIVE
City-St-Zip: TAMPA, FL `33634

I hereby certify that the information supplied with this filing does not qualify 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: SARA TRIGO PD 03/31/2008

Electronic Signature of Signing Officer or Director Date