2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010843

Entity Name: DSEPAINTING INC

FILED May 01, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

15300 W. COLONIAL DR. APT. 506 810 SLEEPY HARVOR DRIVE

WINTER GARDEN, FL 34787 OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

810 SLEEPY HARVOR DRIVE 15300 W. COLONIAL DR. APT. 506

WINTER GARDEN, FL 34787 OCOEE, FL 34761

FEI Number: 20-4199471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

DAVIS, DANIEL 15300 W. COLONIAL DR. APT. 506

DAVIS, DANIEL 810 SLEEPY HARVOR DRIVE WINTER GARDEN, FL 34787 OCOEE, FL 34761

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: DANIEL DAVIS 05/01/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

DAVIS, DANIEL DAVIS, DANIEL Name: Name:

15300 W. COLONIAL DR., APT. 506 Address: 810 SLEEPY HARVOR DRIVE Address:

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: OCOEE, FL 34761

Title: Title: () Change () Addition () Delete

Name: SMITH. DONALD Name: 601 CANNON RIDGE DR., APT. 621 Address: Address: ORLANDO, FL 32816 City-St-Zip: City-St-Zip:

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: DANIEL DAVIS PD 05/01/2007