

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023906

FILED  
Feb 09, 2007  
Secretary of State

Entity Name: SHALON CUSTOM PAINTING, INC.

## Current Principal Place of Business:

3070 N. ASHLAND LN  
KISSIMMEE, FL 34741

## New Principal Place of Business:

8548 LAKE VISTA CT  
APT: 7205  
ORLANDO, FL 32821 US

## Current Mailing Address:

3070 N. ASHLAND LN  
KISSIMMEE, FL 34741

## New Mailing Address:

8548 LAKE VISTA CT  
APT: 7205  
ORLANDO, FL 32821 US

FEI Number: 20-4330751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOUZA, EDIEME  
3070 N. ASHLAND LN  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

SOUZA, EDIEME  
8548 LAKE VISTA CT  
APT: 7205  
ORLANDO, FL 32821 US

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: EDIEME SOUZA

02/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SOUZA, LEONARDO S  
Address: 3070 N. ASHLAND LN  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: MARTINS, PAULA A  
Address: 3070 N. ASHLAND LN  
City-St-Zip: KISSIMMEE, FL 34741

Title: V (X) Delete  
Name: SOUZA, EDIEME  
Address: 3070 N. ASHLAND LN  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SOUZA, LEONARDO S  
Address: 8548 LAKE VISTA CT APT: 7205  
City-St-Zip: ORLANDO, FL 32821 US

Title: D (X) Change ( ) Addition  
Name: SOUZA, EDIEME  
Address: 8548 LAKE VISTA CT APT: 7205  
City-St-Zip: ORLANDO, FL 32821 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDIEME SOUZA

P

02/09/2007

Electronic Signature of Signing Officer or Director

Date