


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90027 032 \*\*\*155.00

<b>DOCUMENT # P06000042135</b>					
1. Entity Name <b>PAINT'IN THE TOWN, INC.</b>					
Principal Place of Business <b>2109 CINDY CIRCLE MELBOURNE FL 32935</b>			Mailing Address <b>2109 CINDY CIRCLE MELBOURNE FL 32935</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 16, 1270 N. Wickham Rd. #203</b>		Suite, Apt. #, etc. <b>Suite 16, #203</b>			
City & State <b>Melb., FL</b>		City & State <b>Melbourne, FL</b>			
Zip <b>32935</b>	Country <b>USA</b>	Zip <b>32935</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD. STE 101 TALLAHASSEE FL 32301-2960</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RICHARDSON, JESSE 2109 CINDY CIRCLE MELBOURNE FL 32935 <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		
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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 Section 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: <b>4/30/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/06)

ATTACHMENT

40114913

#P06000042135-

SORRY -

MAILED APRIL 30, 2007

I HAVE BEEN OUT OF  
THE COUNTRY <sup>4/29</sup> PLEASE  
ACCEPT JUST GOT  
MARRIED

5:30 pm  
4/30/07

 Jose Riche