

2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-19-2007 90025 029 ***158.75

P06000105989

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 16 PM 1:22

DOCUMENT # P06000105989 1. Entity Name PAINTERS STREET STUDIO INC.			
Principal Place of Business 920 RICH DR., APT 204 DEERFIELD BEACH, FL 33441		Mailing Address P.O. BOX 8673 DELRAY BEACH, FL 33482	
2. Principal Place of Business - No P.O. Box # 407 Villa Circle		3. Mailing Address P.O. BOX 8673	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Boynton BEACH FL.		City & State DELRAY BEACH FL	
Zip 		Zip 	
Country 		Country 	
4. FEL Number 51-0602065		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORY, GREGORY ALLEN 920 RICH DR., APT 204 DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name ORY, GREGORY ALLEN Street Address (P.O. Box Number is Not Acceptable) 407 Villa Circle City Boynton BEACH FL Zip Code 33435	
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: GREGORY ORY <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE:</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME ORY, GREGORY ALLEN	TITLE D	NAME ORY, GREGORY ALLEN
STREET ADDRESS 920 RICH DR., APT 204	CITY-ST-ZIP DEERFIELD BEACH, FL 33441	STREET ADDRESS 407 Villa Circle	CITY-ST-ZIP Boynton Beach, FL 33435
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<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: GREGORY ORY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 509.710.7391 <small>Daytime Phone #</small>	