2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112070

Entity Name: MDF PAINTING INC.

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8879 W. COLONIAL DR. #105 OCOEE, FL 34761 US **Current Mailing Address: New Mailing Address:** 8879 W. COLONIAL DR. #105 OCOEE, FL 34761 US FEI Number: 20-5490450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRICHARAN, SHAMINA FONSECA, MARCIO 8879 W. COLONIAL DR. #105 8879 W. CÓLONIAL DR. #105 OCOEE, FL 34761 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: MARCIO FONSECA 04/29/2007

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

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

 Name:
 FONSECA, MARCIO D
 Name:

 Address:
 8879 W. COLONIAL DR. #105
 Address:

 City-St-Zip:
 OCOEE, FL 34761 US
 City-St-Zip:

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

 Name:
 HARRICHARAN, SHAMINA
 Name:

 Address:
 8879 W. COLONIAL DR. #105
 Address:

 City-St-Zip:
 OCOEE, FL 34761 US
 City-St-Zip:

Electronic Signature of Registered Agent

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: MARCIO FONSECA P 04/29/2007