## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000024733

MATUSZEK, MARK

3106 FAIRWAY LN.

ORLANDO, FL 32804 US

Name:

Address:

City-St-Zip:

Entity Name: PBM PAINTING PROFESSIONALS, INC

FILED Apr 30, 2008 Secretary of State

Littly Nai	ille. FDIVITA	INTING FROI ESSIONALS, INC			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3106 FAIR ORLANDO	WAY LN. ), FL 32804	US	3106 FAIRWAY LN. APT. #1 ORLANDO, FL 32804	US	
Current Mailing Address:			New Mailing Address:		
3106 FAIR ORLANDO	WAY LN. D, FL 32804	US	3106 FAIRWAY LN. APT. #1 ORLANDO, FL 32804	US	
FEI Number:	: 20-8695130	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
MATUSZEK, MARK 3106 FAIRWAY LN. ORLANDO, FL 32804 US		MATUSZEK, MARK 3106 FAIRWAY LN. APT. #1 ORLANDO, FL 32804	3106 FAIRWAY LN.		
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/30/2008	
		nic Signature of Registered Age	nt	Date	
Election Car	npaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DIR ( MATUSZEK, M 3106 FAIRWA ORLANDO, FL	Y LN.	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PRES ( MATUSZEK, M 3106 FAIRWA ORLANDO, FL	Y LN.	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( MATUSZEK, M 3106 FAIRWA ORLANDO, FL	Y LN.	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC ( MATUSZEK, M 3106 FAIRWA ORLANDO, FL	Y LN.	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title:	TREA (	) Delete	Title: (	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK MATUSZEK PRES 04/30/2008