

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000037194

FILED
Mar 12, 2009
Secretary of State

Entity Name: PICTURE PERFECT PAINTING SERVICES COMPANY

Current Principal Place of Business:

8523 NUDY AVENUE
GIBSONTON, FL 33534 US

New Principal Place of Business:

15229 MCGRADY RD
WIMAUMA, FL 33598 US

Current Mailing Address:

8523 NUDY AVENUE
GIBSONTON, FL 33534 US

New Mailing Address:

15229 MCGRADY RD
WIMAUMA, FL 33598 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALICEA, NOE
8523 NUDY AVENUE
GIBSONTON, FL 33534 US

Name and Address of New Registered Agent:

ALICEA, NOE I DIR
15229 MCGRADY RD
WIMAUMA, FL 33598 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: NOE ALICEA

03/12/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DIR. () Delete
Name: ALICEA, NOE
Address: 8523 NUDY AVENUE
City-St-Zip: GIBSONTON, FL 33534 US

Title: PRES () Delete
Name: ALICEA, NOE
Address: 8523 NUDY AVENUE
City-St-Zip: GIBSONTON, FL 33534 US

Title: SEC. () Delete
Name: ALICEA, NOE
Address: 8523 NUDY AVENUE
City-St-Zip: GIBSONTON, FL 33534 US

Title: TREA () Delete
Name: ALICEA, NOE
Address: 8523 NUDY AVENUE
City-St-Zip: GIBSONTON, FL 33534 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR. (X) Change () Addition
Name: ALICEA, NOE I DIR
Address: 15229 MCGRADY RD
City-St-Zip: WIMAUMA, FL 33598 US

Title: PRES (X) Change () Addition
Name: ALICEA, NOE I PRES
Address: 15229 MCGRADY RD
City-St-Zip: WIMAUMA, FL 33598 US

Title: SEC. (X) Change () Addition
Name: ALICEA, NOE I SEC
Address: 15229 MCGRADY RD
City-St-Zip: WIMAUMA, FL 33598 US

Title: TREA (X) Change () Addition
Name: ALICEA, NOE I TRES
Address: 15229 MCGRADY RD
City-St-Zip: WIMAUMA, FL 33598 US

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: NOE ALICEA

DIR

03/12/2009

Electronic Signature of Signing Officer or Director

Date