

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P07000127548</b> 1. Entity Name <b>DIVERSIFIED PAINTING INC.</b>						<b>FILED</b> <b>08 SEP 26 AM 10:12</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 																											
Principal Place of Business <b>5133 LINKWOOD AVE</b> <b>TAMPA, FL 33625 US</b>				Mailing Address <b>5133 LINKWOOD AVE</b> <b>TAMPA, FL 33625</b>																													
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																													
City & State Zip      Country				4. FEI Number      Applied For Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09172008      Chg-P      CR2E034 (12/06)																													
6. Name and Address of Current Registered Agent  <b>MICHNIAK, ERIC J</b> <b>5133 LINKWOOD AVE.</b> <b>TAMPA, FL 33625</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City      FL      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:       9/22/2008 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small> DATE																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>				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																													
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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; 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, and that I am attaching with an address, with all other like empowered																																	
SIGNATURE:				9/22/08 <small>DATE      Daytime Phone #</small>																													