2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130395

Entity Name: TREVOR BASNER PAINTING, INC.

FILED Jun 23, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3149 FLORAL WAY E. 3149 FLOYAL WAY E APOPKA, FL 32703 US APOPKA, FL 32703 US

Current Mailing Address: New Mailing Address:

3149 FLORAL WAY E. 1132 CASTLEWOODS TERRACE APOPKA, FL 32703 US 210 CASSELBERRY, FL 32707

FEI Number: 45-0585732 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:

BASNER, TREVOR B
3149 FLORAL WAY E.
APOPKA, FL 32703 US
BASNER, TREVOR B
1132 CASTLEWOOD TERRACE
210
CASSELBERRY, FL 32707 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: TREVOR BASNER 06/23/2008

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:BASNER, TREVOR BName:BASNER, TREVOR BAddress:3149 FLORAL WAY E.Address:1132 CASTLEWOOD TERRACE #210

 Address:
 3149 FLORAL WAY E.
 Address:
 1132 CASTLEWOOD TERRACE #210

 City-St-Zip:
 APOPKA, FL 32703 US
 City-St-Zip:
 CASSELBERRY, FL 32707 US

Title: VP () Delete Title: () Change () Addition Name: BASNER. EMERSON S Name:

Address: 3149 FLORAL WAY, E. Address: City-St-Zip: APOPKA, FL 32703 US City-St-Zip:

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

 Name:
 Name:
 LEVY, SAMUEL

 Address:
 Address:
 284 HOWARD BLVD

 City-St-Zip:
 City-St-Zip:
 LONGWOOD, FL 32750

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: TREVOR BASNER PRES 06/23/2008