2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000049419

Entity Name: NOREN PAINTING, INC.

FILED Aug 06, 2009 Secretary of State

urrent P	Principal Place	e of Business:	New Princi	pal Place of Business:
02 OAK / ALM HAI	AVE RBOR, FL 346	884		
urrent M	/lailing Addres	ss:	New Mailin	g Address:
02 OAK / ALM HAI	AVE RBOR, FL 346	584		
El Number	r: 59-3253352	FEI Number Applied For()	FEI Number Not Appli	cable () Certificate of Status Desired ()
ame and	d Address of (Current Registered Agent:	Name and	Address of New Registered Agent:
ALM HAI	RBOR, FL 346	884 US		
		submits this statement for the	purpose of changing its	s registered office or registered agent, or bo
	e of Florida.	submits this statement for the	purpose of changing its	s registered office or registered agent, or bo
the Stat	e of Florida. RE:	submits this statement for the		s registered office or registered agent, or bo Date
the State	e of Florida. RE: Electror nce with s. 607.19		gent	Date
the State IGNATU accordan ection Ca	e of Florida. RE: Electror nce with s. 607.19	nic Signature of Registered Ag (3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	gent not receive the prior notice	Date
the State IGNATU accordant ection Car FFICER tte: ame: ddress:	e of Florida. RE: Electron nce with s. 607.19 mpaign Financin S AND DIREC	nic Signature of Registered Ag (3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). (TORS:) Delete	gent not receive the prior notice	Date
the State IGNATU accordan ection Ca	Electron RE: Electron me with s. 607.19 mpaign Financin S AND DIREC PST (NOREN, SCOT 102 OAK AVE. PALM HARBOR	nic Signature of Registered Ag (3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). (TORS:) Delete T R, FL 34684) Delete (WARD DN AVE	gent not receive the prior notice ADDITIONS Title: Name: Address:	Date . S/CHANGES TO OFFICERS AND DIREC

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: SCOTT NOREN PST 08/06/2009