2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078041

Name:

Address:

City-St-Zip:

FILED Apr 26, 2006 Secretary of State

Entity Name: TULLOCH'S QUALITY PAINTING, INC.							
Current P	rincipal Place o	of Business:	New Princ	New Principal Place of Business:			
	NGSTON ST DIE, FL 34983						
Current Mailing Address:			New Mailing Address:				
	NGSTON ST DIE, FL 34983						
FEI Number:	65-0571178	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status D	esired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
558 NW KI	, PATRICK NGSTON ST CIE, FL 34983	US					
	named entity su e of Florida.	ubmits this statement for the	purpose of changing i	ts registered o	office or registered ag	ent, or both,	
SIGNATUR	RE:						
	Electronic	Signature of Registered Ag	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ()[TULLOCH, PATR 558 NW KINGST PT ST LUCIE, FL	ON ST	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	MD ()[DIXON, ROBERT 1621 CASCELLA PT. ST. LUCIE, F	CT.	Title: Name: Address: City-St-Zip:	MD (X DIXON, ROBEI 558 NW KINGS PT. ST. LUCIE	STON ST.		
Title: Name: Address: City-St-Zip:	VPD () [TULLOCH, COLL 558 NW KINGST PORT SAINT LUC	ON STREET	Title: Name: Address: City-St-Zip:	TULLOCH, RO 558 NW KINGS			
Title:	1()	Delete	Title:	SECY () Change (X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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:

TULLOCH, JULIETTE

558 NW KINGSTON ST

PORT ST. LUCIE, FL 34983

SIGNATURE: PATRICK TULLOCH PD 04/26/2006