


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000091714	
1. Entity Name TRIPLE QUALITY PAINTING, INC.	

Principal Place of Business 11540 WILES ROAD SUITE 6 CORAL SPRINGS, FL 33076	Mailing Address 11540 WILES ROAD SUITE 6 CORAL SPRINGS, FL 33076
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04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0624629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CALDWELL, ALEX
2970 NW 68TH AVENUE
MARGATE, FL 33063**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CALDWELL, ALEX 2970 NW 68 AVE. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLADWELL, MICHELLE A 2970 NW 68TH AVENUE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALDWELL, MICHELLE A 2970 NW 68 AVE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHIAPO, ROSEMARY F 5379 NW 60TH DRIVE CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000335301
04/27/05-80081-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alex Caldwell* **Alex Caldwell** 4/26/05 954.753.0366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #