


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90024 043 \*\*\*150.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # P95000091714</b>  |  |  |   |  |  |
| <b>1. Entity Name</b><br><b>TRIPLE QUALITY PAINTING, INC.</b>   |  |  |   |   |  |
| <b>Principal Place of Business</b><br><b>11540 WILES ROAD</b><br><b>SUITE 6</b><br><b>CORAL SPRINGS, FL 33076</b>   |  |  | <b>Mailing Address</b><br><b>11540 WILES ROAD</b><br><b>SUITE 6</b><br><b>CORAL SPRINGS, FL 33076</b> |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>                  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                        |   |   |  |
| City & State  |  | City & State                               |   |   |  |
| Zip   | Country  | Zip  | Country   | <b>4. FEI Number</b><br><b>65-0624629</b>   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>  |   |  |
| <b>CALDWELL, ALEX</b><br><b>2970 NW 68TH AVENUE</b><br><b>MARGATE, FL 33063</b>   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                    |   |  |
| <b>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.</b>  |  |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>     |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>PDT</b><br><b>CALDWELL, ALEX</b><br><b>6781 WILD ORCHID 7 RAIL</b><br><b>LAKE WORTH, FL 33467</b>     | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>S</b><br><b>CLADWELL, MICHELLE A</b><br><b>6781 WILD ORCHID 7 TRAIL</b><br><b>MARGATE, FL 33063</b>   | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>VP</b><br><b>CALDWELL, MICHELLE A</b><br><b>6781 WILD ORCHID TRAIL</b><br><b>LAKE WORTH, FL 33467</b> | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>T</b><br><b>SCHIAPO, ROSEMARY F</b><br><b>5379 NW 60TH DRIVE</b><br><b>CORAL SPRINGS, FL 33067</b>    | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete  |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete  |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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 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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> <i>Alex Caldwell</i> <b>president</b> <i>4/4/08</i> <b>957-344-4413</b>   |  |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  |   |   |  |