2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 09, 2005
Secretary of State

DOCUMENT# P96000085988

Entity Name: COMPLETE PAINTING & RESTORATION, INC.

Current Principal Place of Business:

1100 COMMERCIAL BLVD
SUITE 114
NAPLES, FL 34104 US

New Principal Place of Business:

821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

Current Mailing Address:

1100 COMMERCIAL BLVD
SUITE 114
NAPLES, FL 34104 US

New Mailing Address:

821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

FEI Number: 65-0703759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVATT, JEFF M
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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: JEFF M. NOVATT, ESQ. 12/09/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HANDO, DONALD A
Address: 1100 COMMERICAL BLVD., SUITE 114
City-St-Zip: NAPLES, FL 34104

Title: DSTV (X) Delete
Name: MICHALUP, GABRIEL
Address: 1100 COMMERCIAL BLVD., SUITE 114
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: MICHALUP, GABRIEL
Address: 821 FIFTH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GABRIEL MICHALUP P 12/09/2005
Electronic Signature of Signing Officer or Director Date