2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000085988

Entity Name: COMPLETE PAINTING & RESTORATION, INC.

FILED Dec 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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821 FIFTH AVENUE SOUTH 1100 COMMERCIAL BLVD.

SUITE 201 SUITE 114

NAPLES, FL 34102 US NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102
US

1100 COMMERCIAL BLVD.
SUITE 114
NAPLES, FL 34104
US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOVATT, JEFF M ESQ.

821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

CONGER, BETH
1100 COMMERCIAL BLVD.
SUITE 1100
NAPLES, FL 34104 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: BETH CONGER 12/14/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DP (X) Change () Addition

Name: MICHALUP, GABRIEL Name: HANDO, DONALD

Address: 821 FIFTH AVENUE SOUTH Address: 1100 COMMERCIAL BLVD., SUITE 114

City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34104 US

Name: CONGER, BETH

Address: Address: 1100 COMMERCIAL BLVD., SUITE 114

City-St-Zip: City-St-Zip: NAPLES, FL 34104 US

 $\label{eq:title:Title:ST} \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{() Change (X) Addition}$

Name: Name: BENNETT, CONWAY

Address: Address: 1100 COMMERCIAL BLVD., SUITE 114

City-St-Zip: City-St-Zip: NAPLES, FL 34104 US

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: BETH CONGER VP 12/14/2005