## 2007 FOR PR©FIT-CORPORATION ANNUAL REPORT

## Jan 29, 2007 08:00 AM DOCUMENT # P97000001238 Secretary of State 1. Entity Name EXPÉRT PAINTING, INC. Principal Place of Business Mailing Address 2750 W OAKLAND PARK BLVD 2750 W OAKLAND PARK BLVD OAKLAND PARK, FL 33311 OAKLAND PARK, FL 33311 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0716024 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent THAN, YVONNE DO NOT WRITE 3200 NE 36TH STREET, #718 FT. LAUDERDALE, FL 33308 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS DP TITLE THAN, YVONNE NAME STREET ADDRESS 3200 NE 36TH STREET, #718 FT. LAUDERDALE, FL 33308 CITY-ST-ZIP · U000000606369 TITLE VP 01/30/07-80075-021 150.00 NAME THAN, JOHN 5672 ROCK ISLANDS RD. APT. 270 STREET ADDRESS LAUDERDHILL, FL 33319 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 attachner, with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

YUME THAN
PLESION THAN
INATURE AND TYPED OFFRINTED NAME OF SIGNING DEFICER OR DIRECTOR

1-25-0

954-735-4480

**FILED**