


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90192 015 \*\*\*150.00

<b>DOCUMENT # P97000020175</b>	
1. Entity Name <b>SONNY'S PAINTING SERVICES INCORPORATED</b>	

Principal Place of Business <b>2469 N. JOHN YOUNG PARKWAY SUITE J ORLANDO, FL 32804 US</b>	Mailing Address <b>2469 N. JOHN YOUNG PARKWAY SUITE J ORLANDO, FL 32804 US</b>
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



01052006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3432105</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

<b>IKEJI, CHUCK</b> <b>5990 BRAMAR PL.</b> <b>SUITE 104</b> <b>ORLANDO, FL 32822</b>	
---	--

Name <b>IKEJI, CHUCK</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>801 N. MAGNOLIA AVE UNIT 204 A</b>	
City <b>ORLANDO</b>	Zip Code <b>FL 32803</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.

SIGNATURE <u>CHUCK IKEJI CPA</u>	DATE <u>01/05/06</u>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OMUSI, SONNY</b> <b>2469 N. JOHN YOUNG PKWY, SUITE J</b> <b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OMUSI, GRACE</b> <b>2469 N. JOHN YOUNG PKWY., SUITE J</b> <b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  <b>SONNY OMUSI PRESIDENT</b>	DATE <b>01/05/06</b>	DAYTIME PHONE # <b>407-293-5672</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>DAYTIME PHONE #</small>