

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90099 006 ***150.00

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01172007 Chg-P CR2E034 (12/06)

DOCUMENT # P97000082640			
1. Entity Name B & B PAINTING AND WATERPROOFING, INC.			
Principal Place of Business 2795 SE 1ST CT #7 POMPAÑO BEACH, FL 33062		Mailing Address C/O W.J. TREMBLAY 1801 S FEDERAL HWY., STE. 218 DELRAY BEACH, FL 33483	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O TAX HELP INC. 1730 S. FEDERAL HWY. STE. 260	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DELRAY BEACH FL.	
Zip	Country	Zip	Country
		33483	USA
4. FEI Number 65-0784245		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TREMBLAY, W J 1801 S FEDERAL HIGHWAY STE 219 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name TREMBLAY, W.J. Street Address (P.O. Box Number is Not Acceptable) 1730 S. FEDERAL HWY STE. 260 City DELRAY BEACH FL Zip Code 33483	
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 W. J. Tremblay		DATE 01/31/07	
Signature, typed or printed name of registered agent and state if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PSTD BRESNAHAN, TIMOTHY J 2795 SE 1ST COURT APT 7 POMPAÑO BEACH, FL 33062 <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
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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: [Signature]		Date 2-1-07 Daytime Phone # (561) 243-4355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			