

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

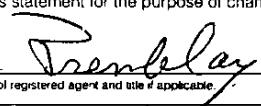
**FILED
Feb 05, 2007 8:00 am
Secretary of State**

02-05-2007 90099 006 ***150.00

DOCUMENT # P97000082640		
1. Entity Name B & B PAINTING AND WATERPROOFING, INC.		

Principal Place of Business 2795 SE 1ST CT #7 POMPANO BEACH, FL 33062		Mailing Address C/O W.J. TREM BLAY 1801 S FEDERAL HWY., STE. 218 DELRAY BEACH, FL 33483	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address GLO TAX HELP INC. 1730 S. Federal Hwy. STE. 260	
City & State City & State DELRAY BEACH FL.		4. FEI Number 65-0784245	
Zip	Country	Zip 33483	Country USA
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 
Signature, typed or printed name of registered agent and title if applicable

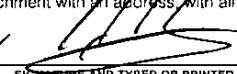
(NOTE: Registered Agent signature required when reinstating)

01/31/07
DATE

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
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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 POMPANO 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-07
243-6355
Date
Daytime Phone #