

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000084046

Entity Name: FLYING COLORS PAINTING, INC.

FILED
Jun 06, 2006
Secretary of State

Current Principal Place of Business:

1900 S HARBOR CITY BLV D
STE 300
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

1900 S HARBOR CITY BLV D
STE 300
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 65-0784845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNINGS, THOMAS
370 E. RIVIERA BLVD
INDIALATIC, FL 32903 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JENNINGS, THOMAS M
Address: 370 E. RIVERA BLVD.
City-St-Zip: INDIATLANTIC, FL 32903

Title: V () Delete
Name: STRANEY, RICHARD
Address: 370 E. RIVERA BLVD.
City-St-Zip: INDIATLANTIC, FL 32903

Title: T () Delete
Name: JENNINGS, THOMAS M
Address: 370 E. RIVIERA BLVD.
City-St-Zip: INDIALANTIC, FL 32903

Title: S () Delete
Name: JENNINGS, MARY ANN
Address: 370 E. RIVERA BLVD.
City-St-Zip: INDIATLANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JENNINGS, THOMAS M MR
Address: 370 E. RIVERA BLVD.
City-St-Zip: INDIATLANTIC, FL 32903

Title: V (X) Change () Addition
Name: VOLLERS, GLENDA K MRS
Address: 151 EBER RD APT 107
City-St-Zip: MELBOURNE, FL 32901

Title: T (X) Change () Addition
Name: JENNINGS, THOMAS M MR
Address: 370 E. RIVIERA BLVD.
City-St-Zip: INDIALANTIC, FL 32903

Title: S (X) Change () Addition
Name: JENNINGS, MARY ANN MRS
Address: 370 E. RIVERA BLVD.
City-St-Zip: INDIATLANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THOMAS M. JENNINGS

P

06/06/2006

Electronic Signature of Signing Officer or Director

Date