2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL H	EPORI (AR)	<u> </u>	—— May 03 2006 08:00 AM
DOCUMENT # P98000094772 1. Entity Name				May 03, 2006 08:00 AM Secretary of State
S&S PA	INTING, INC.			
Principal Plac	ce of Business	Mailing Address	- 1	
2107 HARGILL DR ORLANDO FL 32806 2. Principal Place of Business		2107 HARGILL DR ORLANDO FL 32806		
2. Principal f	Place of Business	3. Mailing Address		C LEGICAL GLASS (MESS (1921 WILLIAM LIGHT CHES CHES CHES) SALENGER (MESS SALENGER)
Suite, Apt. II, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & Stat	le	City & State		4. FEI Number 59-3542460 Applied For Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
POI	DI ESNIK SCOTT		Name	
PODLESNIK, SCOTT 2107 HARGILL DR ORLANDO FL 32806			Street Add	tress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obliga-	a named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature typed or provide name of registered agent	and lifts if applicable. (NOTE	Registored Agent signature	required when reinstatung) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o	T State		9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	\$ \$ \disp\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	DLTE	☐ Change ☐ Additi
NAME STOCK ASSOCIACE	PODLESNIK, SCOTT		NAME	U00000559795
STREET ADDRESS CITY-ST-ZIP	2107 HARGILL DR ORLANDO FL 32806		STREET ADDRESS City-St-Zip	05/18/06-80013-008 150.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-57-ZIP	
HITLE		□ Deinte .	TITLE	☐ Change ☐ Additiv
NAME STREET ADDRESS			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET AODRESS CITY-ST-ZIP	
DILE		☐ Delete	me	☐ Change ☐ Addition
NAME Street address			NAME STREET ADDRESS	
CITY-ST-ZIP			City-ST-ZIP	
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NAME STREET ADDRESS			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CNTY -ST-ZIP	
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NAME CERSON ADDRESS			NAME	_ ,
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP	
AM ALLEN	<u> </u>		GITT-31-ZIF	

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12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Set Padded Statutes are supplemental report in the component of the corporation of the receiver or trustee empowered are 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: Set Padded Statutes are required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the component of the corporation of th