


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90014 028 ***150.00

DOCUMENT # P98000097432	
1. Entity Name PAINTS R US, INC.	

Principal Place of Business 30311 WASHINGTON LOOP ROAD PUNTA GORDA, FL 33982 1133 BAL HARBOR SUITE 1129 PUNTA GORDA FL 33950	Mailing Address 30311 WASHINGTON LOOP ROAD PUNTA GORDA, FL 33982 1133 BAL HARBOR SUITE 1129 PUNTA GORDA FL 33950
--	--



DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

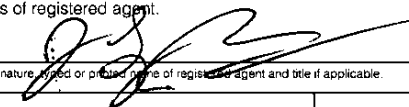
4. FEI Number 65-0880572	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent J. LYN BEVIS 1133 BAL HARBOR SUITE #1129 PUNTA GORDA, FL 33982
--

**DO NOT WRITE
IN THIS SPACE**

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  DATE 4/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD J. LYN BEVIS 1133 BAL HARBOR SUITE #1129 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BEVIS, DEBORAH F 1133 BAL HARBOR SUITE #1129 AUBREY, TX 76227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  I LYN BEVIS 4/22/08 541 639-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #