

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000056661</b> 1. Entity Name <b>STEVE'S PROFESSIONAL PAINTING, INC.</b>			
Principal Place of Business <b>127 WESTWOOD DRIVE DAYTONA BEACH, FL 32119</b>		Mailing Address <b>1515 RIDGEWOOD AVE #A HOLLY HILL Y=, FL 32117</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01082007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-3582035</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
LOGUIDICE, JOE 1515 RIDGE WOOD AVE HOLLY HILL, FL 32119		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		D BARONI, STEVE 127 WEST WOOD DRIVE DAYTONA BEACH, FL 32119	
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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 lines empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/10/07 386-304-6725 Date Daytime Phone #	