


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000072942 1. Entity Name E & D PAINT SHOP INC.	
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SELECTED STATE DIVISIONS
 06 OCT 13 PM 4:18

Principal Place of Business 2026 NW 23 COURT A MIAMI, FL 33142	Mailing Address 2026 NW 23 COURT A MIAMI, FL 33142
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06222006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0943588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GUTIERREZ, DEBORA 2026 NW 23 CT #A MIAMI, FL 33142	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 6/21/06

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

Amended AR is \$61.25	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	SPT GUTIERREZ, DEBORA <input checked="" type="checkbox"/> Delete	TITLE	Gutierrez Efrain M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2026 NW 23 CT., #A	NAME	2026 NW 23 COURT # A
STREET ADDRESS	MIAMI, FL 33142	STREET ADDRESS	MIAMI FL 33142
CITY-ST-ZIP		CITY-ST-ZIP	STP
TITLE	SP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, DEBORA	NAME	600080823745
STREET ADDRESS	3220 NW 16 TERR	STREET ADDRESS	10/13/06--01059--007 **61.25
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] DATE: 6/21/06 DAYTIME PHONE #: 305 633-7799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR