
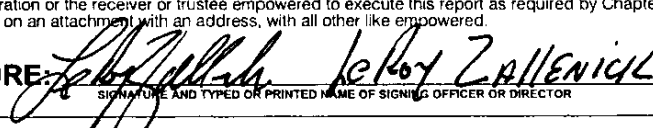


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # V53773</b> 1. Entity Name <b>SUNBELT PAINTING CORPORATION</b>			
Principal Place of Business <b>3560 ARBUTUS LN WINTER PARK, FL 32792</b>		Mailing Address <b>3560 ARBUTUS LN WINTER PARK, FL 32792</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
4. FEI Number <b>59-3132983</b>		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 <b>ZALLENICK, LEROY 3560 ARBUTUS LN WINTER PARK, FL 32792</b>		<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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>600115858526</b> 01/23/08--01012--017 **150.00  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZALLENICK, LEROY 3560 ARBUTUS LN WINTER PARK, FL 32792		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIEATT, DONNA 3560 ARBUTUS LN WINTER PARK, FL 32792		
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			
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1/04/2008</b> Daytime Phone #: <b>407 671-0734</b>	

KS