

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000872

Entity Name: K.A.M. PAINTING, INC.

FILED
Mar 06, 2007
Secretary of State

Current Principal Place of Business:

5629 KIPPEN DR.
EAST AMHERST, NY 14051

New Principal Place of Business:

Current Mailing Address:

5629 KIPPEN DR.
EAST AMHERST, NY 14051

New Mailing Address:

FEI Number: 16-1406649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGGANAS, ANTONIS
824 WINDWARD WAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

MAGGANAS, PAULINE
824 WINDWARD WAY
PALM HARBOR, FL 34685 US

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.

SIGNATURE: PAULINE MAGGANAS 03/06/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGGANAS, PAULINE
Address: 5629 KIPPEN DR.
City-St-Zip: EAST AMHERST, NY 14051

Title: VP (X) Delete
Name: MAGGANAS, KOSTAS
Address: 5629 KIPPEN DR.
City-St-Zip: EAST AMHERST, NY 14051

Title: S () Delete
Name: MAGGANAS, ANTONIS
Address: 824 WINDWARD WAY
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MAGGANAS, PAULINE
Address: 824 WINDWARD WAY
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE MAGGANAS P 03/06/2007

Electronic Signature of Signing Officer or Director Date