2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED May 02, 2005 08:00 AM DACUMENT # L02000027974 **Secretary of State** EMBELLISHED SURFACES, L.L.C. Principal Place of Business Mailing Address 2011 SPIRIT LAKE ROAD 2011 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 01042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0751430 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE PLEMMONS, LISA G 2011 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE PLEMMONS, LISA G NAME 2011 SPIRIT LAKE ROAD STREET ADDRESS CITY-ST-7IP WINTER HAVEN, FL 33880 ___U00000358881 05/04/05-80132-015 50.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBERS, OR AUTHORIZED REPORTS NITATIVE