CITY-ST-ZIP

SIGNATURE:

FILED 2006 LIMITED LIABILITY COMPANY May 01, 2006 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # L03000048311 DEHART PAINTING & DECORATING, LLC Mailing Address Principal Place of Business 515 ALBEE FARM RD., N. 515 ALBEE FARM RD., N. NOKOMIS, FL 34275 NOKOMIS, FL 34275 04252006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0961922 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEHART, JERRY DO NOT WRITE 515 ALBEE FARM RD. IN THIS SPACE NOKOMIS, FL 34275 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) Signature, typed or p Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MGRS DEHART, JERRY NAME STREET ADDRESS 515 ALBEE FARM RD N CITY-ST-ZIP NOKOMIS, FL 34275 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. 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 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE