

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008120

FILED
Apr 07, 2006
Secretary of State

Entity Name: PICTURE PERFECT HOME SERVICES, LLC

Current Principal Place of Business:

104 W. HILLCREST STREET
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

104 W. HILLCREST STREET
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 20-0676366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILBOURN, CYNTHIA E MGR
104 W. HILLCREST STREET
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WILBOURN, CYNTHIA E PRES
104 W. HILLCREST STREET
ALTAMONTE SPRINGS, FL 32714 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: CYNTHIA E. WILBOURN

04/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILBOURN, CYNTHIA E
Address: 104 W. HILLCREST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: WILBOURN, CYNTHIA E
Address: 104 W. HILLCREST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: V.P. () Change (X) Addition
Name: WILBOURN, KEITH D V.P.
Address: 104 WEST HILLCREST ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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 is true and accurate and that my electronic 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: CYNTHIA WILBOURN

PRES

04/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date