2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90214 030 ****50.00

DOCUMENT # L04000010356

1. Entity Name

CUSTOM PAINT DESIGNS LLC

Principal Place of Business	Mailing Address
9940 F WATERMILL CIRCLE BOYNTON BEACH FL 33437	9940 F WATERMILL CIRCLE BOYNTON BEACH FL 33437

2. Principal Place of Business	3. Mailing Address
9940 F. watermill cird	9940 F watermill circle
Suite, Apt. #, etc.: F	Suite, Apt. #, etc.: F
City & State: Boynton Be Fl	City & State: Boynton Be. Fl.
Zip: 33437 Country: USA	Zip: 33437 Country: USA.

1st MOORE CR2E083 (10/04)

4. FEI Number: 63-0889525 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ ✓ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIUSA, CHARLES A 9940 F WATERMILL CIRCLE BOYNTON BEACH FL 33437	Name: Charles A Chiusa Street Address (P.O. Box Number is Not Acceptable): 9940 F water mill circle City: Boynton Be. Fl. 33437 FL — Zip Code

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: Charles a Chiusa (No Changes)
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHIUSA, CHARLES A	NAME	
STREET ADDRESS	9940 F WATERMILL CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Charles a Chiusa 3-23-05 561-797-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #