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Secretary of State

04-26-2007 90030 005 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013893

1. Entity Name
MARK ANTHONY PAINTING, LLC

Principal Place of Business	Mailing Address
23404 W. LYONS AVE. #223 NEWHALL, CA 91321	23404 W. LYONS AVE. #223 NEWHALL, CA 91321

04192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1414 18TH ST W	1414 18T# ST W
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State: BRADENTON FL	City & State: BRADENTON FL
Zip: 34205 Country: MANATEE	Zip: 34205 Country: MANATEE

4. FEI Number 27-0081136 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRESIDENTIAL SERVICES INCORPORATED
1217 CAPE CORAL PKWY.
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name: MARK POLACEK
Street Address (P.O. Box Number is Not Acceptable): 1414 18TH ST W
City: BRADENTON FL Zip Code: 34205

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WESSELL, KEVIN 23404 W. LYONS AVE. #223 NEWHALL, CA 91321	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARK POLACEK 1414 18TH ST W BRADENTON FL 34205	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Mark Polacek 4-21-07 941-812-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #