2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 24, 2005 8:00 am Secretary of State **DOCUMENT # L04000020071** 03-24-2005 90201 017 ****50.00 WADE'S PAINTING, LLC Principal Place of Business Mailing Address 721 POWELL DRIVE NE 721 POWELL DRIVE NE 乙UUんままりま FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent Name WADE, ELLEN A Street Address (P.O. Box Number is Not Acceptable) 721 POWELL DRIVE NE FORT WALTON BEACH, FL 32547 City Zio 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition ☐ Delete TITLE ☐ Change TITLE WADE, JEFFREY A MAME STREET ADDRESS 721 POWELL DRIVE NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH, FL 32547 Change ☐ Addition MGRM Delete TITLE TITLE WADE, ELLEN A NAME NAME STREET ADDRESS 721 POWELL DRIVE NE STREET ADORESS CITY-ST-7IP CITY-ST-ZIP FORT WALTON BEACH, FL 32547 Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Addition ☐ Change Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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. MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ATURE AND TYPED OF PRINTER

FILED