

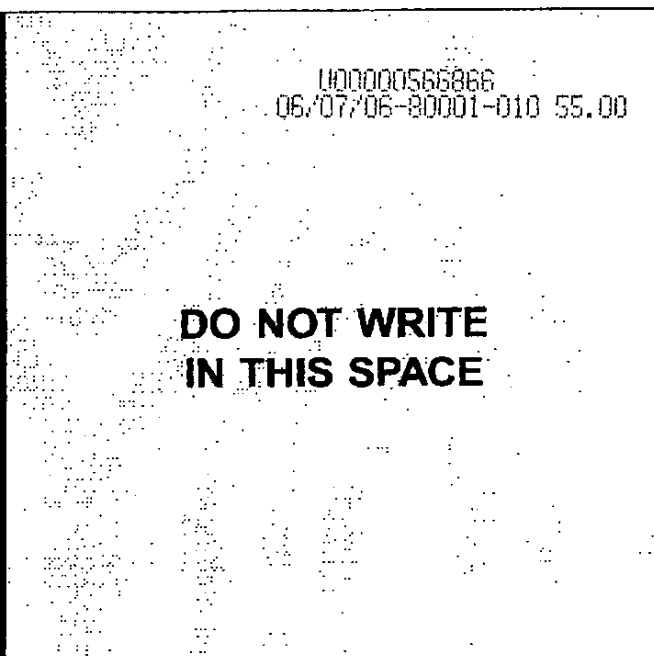



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT****FILED**  
**Jun 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000024136</b>		
1. Entity Name RESTORATION SERVICES, LLC		
Principal Place of Business 2924 WESSEX STREET ORLANDO, FL 32803 US		Mailing Address 2924 WESSEX STREET ORLANDO, FL 32803 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		 05242006No Chg-LLC CR2E083 (11/05)
		4. FEI Number 20-0916078 Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  VESCERA, PASQUALE M 2924 WESSEX STREET ORLANDO, FL 32803		<b>DO NOT WRITE IN THIS SPACE</b>
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 reappointing) Signature, typed or printed name of registered agent and title if applicable DATE		
Filing Fee is \$50.00 Due by September 6, 2006		
9. MANAGING MEMBERS/MANAGERS		 000000566866 06/07/06-80001-010 55.00 <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VESCERA, PASQUALE M 2924 WESSEX STREET ORLANDO, FL 32803	
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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: 		5/24/06 407-898-1366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #