2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030732

Entity Name: BULLSEYE PAINTERS LLC

FILED May 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7104 HUMMINGBIRD LN NEW PORT RICHEY, FL 34655 LIS **Current Mailing Address: New Mailing Address:** 7104 HUMMINGBIRD LN NEW PORT RICHEY, FL 34655 US FEI Number: 20-1028779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCDONALD, SEAN M 7104 HUMMINGBIRD LN NEW PORT RICHEY, FL 34655 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MCDONALD, SEAN M Name: Name: 7104 HUMMINGBIRD LN Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MCDONALD, SEAN M Name: Name: Address: 7104 HUMMINGBIRD LN Address: City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MCDONALD, SEAN M Name: Name: Address: 7104 HUMMINGBIRD LN Address: City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: () Delete Title: MGRM Title: () Change () Addition Name: MCDONALD, SEAN M Name: 7104 HUMMINGBIRD LN Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MCDONALD, SEAN M Name: Name: 7104 HUMMINGBIRD LN Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: Title: () Delete Title: () Change () Addition MCDONALD, SEAN M Name: Name: Address: 7104 HUMMINGBIRD LN Address: NEW PORT RICHEY, FL 34655 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SEAN MCDONALD OWNE 05/03/2008