


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000036338</b> 1. Entity Name <b>BUDGET 1 PAINTING, LLC</b>	
---	---

Principal Place of Business <b>10534 MAGRATH LANE NEW PORT RICHEY, FL 34654</b>	Mailing Address <b>10534 MAGRATH LANE NEW PORT RICHEY, FL 34654</b>
--	--



01042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2406721</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>REED, MICHAEL 10534 MAGRATH LANE NEW PORT RICHEY, FL 34654</b>
--

<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR REED, MICHAEL 10534 MAGRATH LANE NEW PORT RICHEY, FL 34654</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000651541 03/09/07-80011-019 55.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>2-26-07</b> <small>Date</small>	<b>7278455350</b> <small>Daytime Phone #</small>
--	---------------------------------------	---