2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045152

Entity Name: PRO PAINTERS PLUS, LLC

FILED Aug 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

500 N. PALM AVENUE INDIALANTIC, FL 32903

Current Mailing Address: New Mailing Address:

500 N. PALM AVENUE INDIALANTIC, FL 32903

FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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:

FRESE, GARY B DEPPEN, ROSS E 930 S. HARBOR CITY BOULEVARD, SUITE 505 500 N. PALM AVENUE

MELBOURNE, FL 32901 US INDIALANTIC, FL 32903

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: ROSS E. DEPPEN 08/28/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

DEPPEN, ROSS E Name: Name: Address: 500 N. PALM AVENUE Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: DEMARSE, CHARLES Name: Address: 500 N. PALM AVENUE Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROSS E. DEPPEN 08/28/2005