

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Aug 14, 2006
Secretary of State**

DOCUMENT# L04000045152

Entity Name: PRO PAINTERS PLUS, LLC

Current Principal Place of Business:

500 N. PALM AVENUE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

500 N. PALM AVENUE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 20-1251406 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:

DEPPEN, ROSS E
500 N. PALM AVENUE
INDIALANTIC, FL 32903 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:

Title: MGRM () Delete
Name: DEPPEN, ROSS E
Address: 500 N. PALM AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DEMARSE, CHARLES
Address: 500 N. PALM AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MANAGING MEMBER

MGR.

08/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date