2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L05000035565

Entity Name: MIDNIGHT CUSTOMZ L.L.C.

Current Principal Place of Business:

2633 PEMBERTON DR. #101
APOPKA, FL 32703

New Principal Place of Business:

2633 PEMBERTON DR. #101
APOPKA, FL 34761

Current Mailing Address:

1768 CROWN POINT WOODS CIR
OCOEE, FL 34761

New Mailing Address:

1768 CROWN POINT WOODS CIRCLE
OCOEE, FL 34761

FEI Number: 86-1137223 **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:

NICHOLSON, KAREN
1768 CROWN POINT WOODS CIR.
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

NICHOLSON, KAREN
1768 CROWN POINT WOODS CIRCLE
OCOEE, FL 34761 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: _____ 05/01/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NICHOLSON, KAREN
Address: 1768 CROWN POINT WOODS CIRCLE
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
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: KAREN NICHOLSON MGR. 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date