


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**


04-26-2006 90027 004 \*\*\*\*\*50.00

<b>DOCUMENT # L05000074352</b>	
1. Entity Name <b>MORALES BROTHERS PAINTING, LLC</b>	

Principal Place of Business <b>3295 SEAVIEW DRIVE SPRING HILL, FL 34606</b>	Mailing Address <b>3295 SEAVIEW DRIVE SPRING HILL, FL 34606</b>
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2. Principal Place of Business <b>1737 Kenneth. PL.</b>	3. Mailing Address <b>1737 Kenneth. PL.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Clearwater FL.</b>	City & State <b>Clearwater FL.</b>
Zip <b>33755</b>	Zip <b>33755</b>
Country <b>Pinellas</b>	Country <b>Pinellas</b>

	
04192006 Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-3217243</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>PEREZ, JUAN</b> <b>3295 SEAVIEW DRIVE</b> <b>SPRING HILL, FL 34606</b>	
<b>1737 Kenneth. PL.</b> <b>Clearwater FL.</b> <b>SIP 33755</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, JUAN			NAME			
STREET ADDRESS	3295 SEAVIEW DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34606			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Juan Perez			NAME			
STREET ADDRESS	1737 Kenneth. PL.			STREET ADDRESS			
CITY-ST-ZIP	Clearwater FL. 33755			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: 	4-23-06 (727) 2358329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #