2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L05000097726

Entity Name: INTERVIX PAINTING, LLC

Current Principal Place of Business:

11115 ROUSE RUN CIRCLE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

11115 ROUSE RUN CIRCLE
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 20-3567650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVEIRA, WAGNER F
11637 ROUSE RUN CIRCLE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: OLIVEIRA, WAGNER F
Address: 11637 ROUSE RUN CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete
Name: OLIVEIRA, CHARLES F
Address: 11637 ROUSE RUN CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: MGR ( ) Delete
Name: SOUZA, DERSON S
Address: 3903 SUTTON PLACE BLVD # 519
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

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

Title: D (X) Change ( ) Addition
Name: OLIVEIRA, CHARLES F
Address: 1001 CRANE CREST WAY
City-St-Zip: ORLANDO, FL 32825

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: WAGNER F. OLIVEIRA P 04/24/2007

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