


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90034 042 ***143.75

DOCUMENT # L06000002635	
1. Entity Name CHROMEADDICTS LIMITED LIABILITY COMPANY	

Principal Place of Business 1803 3RD STREET S.W. WINTER HAVEN, FL 33880	Mailing Address 1803 3RD STREET S.W. WINTER HAVEN, FL 33880
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2. Principal Place of Business - No P.O. Box # 405 N. Charles St.	3. Mailing Address 405 N. Charles St.
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Daytona Beach FL	City & State Daytona Beach FL
Zip 32114	Country Uolusia

50009205



07292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 14-1946138	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PITTMAN, DARRELL L 201 FISH HAWK DRIVE WINTER HAVEN, FL 33884	

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 **08-05-08**

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

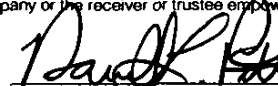
9. MANAGING MEMBERS/MANAGERS

TITLE MGRM	<input type="checkbox"/> Delete
NAME PITTMAN, DARRELL L	
STREET ADDRESS 201 FISH HAWK DRIVE	
CITY-ST-ZIP WINTER HAVEN, FL 33884	
TITLE MGR	<input type="checkbox"/> Delete
NAME PITTMAN, SUKHVINDER K	
STREET ADDRESS 201 FISH HAWK DRIVE	
CITY-ST-ZIP WINTER HAVEN, FL 33884	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **Darrell L. Pittman** DATE **08-05-08** DAYTIME PHONE # **863-860-2051**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #