

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 23, 2007
Secretary of State**

DOCUMENT# L06000069996

Entity Name: GOT IT COVERED PAINTING, LLC

Current Principal Place of Business:

103 FOX STREET
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

PO BOX 354
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 20-5213165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, JAMES T
103 FOX STREET
HASTINGS, FL 32145 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: MGR () Delete
Name: JENKINS, JAMES T
Address: 103 FOX STREET
City-St-Zip: HASTINGS, FL 32145

Title: MGR (X) Delete
Name: JENKINS, VICKI F
Address: 103 FOX STREET
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JENKINS, JAMES T MGR
Address: 103 FOX STREET
City-St-Zip: HASTINGS, FL 32145

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: JAMES T. JENKINS

MGR

04/23/2007

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