2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088600

Entity Name: CORBIN PAINTING LLC

Current Principal Place of Business:	**New Principal Place of Business:**
222 TOPEKA ROAD PENSACOLA, FL 32514	7404 STILLER LAKE ROAD PENSACOLA, FL 32526

Current Mailing Address:	**New Mailing Address:**
222 TOPEKA ROAD PENSACOLA, FL 32514	7404 STILLER LAKE ROAD PENSACOLA, FL 32526

FEI Number: 51-0600543   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CORBIN, SONDRA J 222 TOPEKA ROAD PENSACOLA, FL 32514 US	CORBIN, SONDRA J 7404 STILLER LAKE ROAD PENSACOLA, FL 32526 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: _____   04/29/2008
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	CORBIN, SONDRA J		Name:	CORBIN, SONDRA J
Address:	222 TOPEKA ROAD		Address:	7404 STILLER LAKE ROAD
City-St-Zip:	PENSACOLA, FL 32514		City-St-Zip:	PENSACOLA, FL 32526
Title:	MGR ( ) Delete		Title:	MGR (X) Change ( ) Addition
Name:	CORBIN, RONALD C		Name:	CORBIN, RONALD C
Address:	222 TOPEKA ROAD		Address:	7404 STILLER LAKE ROAD
City-St-Zip:	PENSACOLA, FL 32514		City-St-Zip:	PENSACOLA, FL 32526

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: SONDRA J CORBIN   MGRM   04/29/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date