2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034338

FILED May 28, 2009 Secretary of State

Entity Name: PERFORMANCE RESULTING IN DEFECT ELIMINATION-PRIDE LLC

Current Principal Place of Business: New Principal Place of Business: 2114 JOAN AVENUE PANAMA CITY BEACH, FL 32408 **Current Mailing Address: New Mailing Address:** JACKIE ROBERTS 1119 MCKENIZE AVENUE PANAMA CITY, FL 32401 FEI Number: 26-2345171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTS, JACKIE ROBERTS, JACKIE 2114 JOAN AVENUE 1119 MCKENZIE AVE PANAMA CITY BEACH, FL 32408 US US PANAMA CITY, FL 32401 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: JACKIE ROBERTS 05/28/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROBERTS, JACKIE Name: Name: 1119 MCKENZIE AVENUE Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ASKEW, ALLEN Name: Name: Address: 111 W. LESLIE LANE Address: City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BELL, JASON SR. Name: Name: Address: 9826 COWELS ROAD Address: City-St-Zip: FOUNTAIN, FL 32438 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FOX, JAMES III Name: 121A FOX AVENUE Address: Address: City-St-Zip: CALLAWAY, FL 32404 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BURD, RON Name: Name: 1814 MAIN AVENUE Address: Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DIFATTA, JOHN Name: Name: Address: 8635 E. BAYHEAD COURT Address: YOUNGSTOWN, FL 32466 City-St-Zip: 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: JACKIE ROBERTS MGRM 05/28/2009