2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

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Entity Name: PAINTER'S PRAYER, LLC

Current Principal Place of Business:

7465 CARRIAGE SIDE CT.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 511405
JACKSONVILLE, FL 32255

New Mailing Address:

P.O. BOX 551405
JACKSONVILLE, FL 32255

FEI Number: 94-3463195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANGICAARO, KIMBERLY H
7465 CARRIAGE SIDE COURT
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MANGICARO, KIMBERLY H
7465 CARRIAGE SIDE COURT
JACKSONVILLE, FL 32256 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: KIMBERLY H. MANGICARO 04/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MANGICARO, KIMBERLY H
Address: 7465 CARRIAGE SIDE COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR ( ) Delete
Name: MILLICAN, CHARLES R IV
Address: 8024 SOUTHSIDE BLVD. #17
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: MILLICAN, CHARLES R IV
Address: 7465 CARRIAGE SIDE COURT
City-St-Zip: JACKSONVILLE, FL 32256

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: KIMBERLY H. MANGICARO MGR 04/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date