2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112931

Entity Name: PITTS PAINTING, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9515 HWY 92 E 18112 KARA CT TAMPA, FL 33610 TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

9515 HWY 92 E 18112 KARA CT TAMPA, FL 33610 TAMPA, FL 33647

FEI Number: 65-1206891 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:

PITTS, JOHNNY J
9515 HWY 92 E
18112 KARA CT
TAMPA, FL 33610 US
7AMPA, FL 33647 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: PITTS, JOHNNY J Name: PITTS, JOHNNY J

 Address:
 9515 HWY 92 E
 Address:
 18112 KARA CT

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:
 TAMPA, FL 33647

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 PITTS, PATRICIA A
 Name:
 PITTS, PATRICIA A

 Address:
 9515 HWY 92 E
 Address:
 18112 KARA CT

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:
 TAMPA, FL 33647

 $\label{eq:title:v} {\sf Title:} \qquad {\sf V} \qquad {\sf (\)\ Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X)\ Change\ (\)\ Addition}$

 Name:
 PITTS, SHELIA M
 Name:
 PITTS, CHRISTOPER L

 Address:
 9515 HWY 92 E
 Address:
 18112 KARA CT

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:
 TAMPA, FL 33647

Title: T () Delete Title: T (X) Change () Addition

 Name:
 MILLER, ALICIA J
 Name:
 PITTS, AMY S

 Address:
 9515 HWY 92 E
 Address:
 18112 KARA CT

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:
 TAMPA, FL 33647

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY J. PITTS P 04/30/2008