2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000042618

Entity Name: L.C. PORCELAIN REPAIR INC.

FILED Feb 16, 2008 Secretary of State

	2.0.101					
Current Principal Place of Business:				New Principal Place of Business:		
9171 TRIPI NORTH FO	LETT RD. DRT MYERS,	FL 33917				
Current Mailing Address:				New Mailing Address:		
9171 TRIPLETT RD. NORTH FORT MYERS, FL 33917				9171 TRIPLETT RD. NORTH FT.MYERS, FL 33917		
FEI Number:	65-0835729	FEI Number Applied For ()	FEI Numl	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SW PROFESSIONAL SERVISES OF S. FLA. INC. 13571 MCGREGOR BLVD #22 FORT MYERS, FL 33914 US				PINE ISLAND ACCOUNTING SERVICES 4260 PINETREE BLVD. PINE ISLAND, FL 33956 US		
The above in the State		submits this statement for the	purpose of	changing its registered	office or registered agent, or both,	
SIGNATURE: RONALD BEYER				02/16/2008		
	Electron	nic Signature of Registered Ag	jent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BEYER, RONA 9171 TRIPLET		1	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BEYER, SUSAI 9171 TRIPLET		1	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: RONALD BEYER PD 02/16/2008