2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

I hereby certify that the information indicated on this report is true and limited liability company or the rec

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # L05000087079 04-24-2006 90040 046 ****50.00 SOUND TECHNICAL DECISIONS LLC Principal Place of Business Mailing Address 649 SW WHITMORE DRIVE 649 SW WHITMORE DRIVE PORT ST. LUCIE, FL 34984 PORT ST. LUCIE, FL 34984 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E083 (11/05) Chg-LLC 4. FEI Number 20-3 404 815 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUTERA, JOSEPH, GJR Street Address (P.O. Box Number is Not Acceptable) 649 SW WHITMO'RE DRIVE PORT ST. LUCIE, FL 34984 City Zip Code 8. 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. I am familiar with, and accept f the obligations of registered agent. SIGNATURE Signature, typed by printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Change ■ Addition TITLE ☐ Delete TITLE HIGGINS, DEAN W NAME NAME STREET ADDRESS 7758 STATE RT 154 STREET ADDRESS CITY-ST-ZIP BALDWIN, IL 62217 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HENSLEY, JEFFREY W NAME 14 JACK'S CABIN DRIVE STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP DEFIANCE, MO 63341 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE FULLER, DAVID A NAME NAME 14050 INVICTA DRIVE STREET ADDRESS STREET ADDRESS FLORISSANT, MO 63034 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE JULSON, MICHAEL S NAME NAME STREET ADDRESS 1014 SPRUCE POINT DRIVE STREET ADDRESS CITY-ST-ZIP HOUSE SPRINGS, MO 63051 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information abcurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

JRE: JOSEPH G-BUTERA TRESIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED