2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# L06000010464

Entity Name: INTERFUSION TECHNOLOGY, LLC

Current Principal Place of Business:

4185 WEST LAKE MARY BLVD.
#138
LAKE MARY, FL 32746 US

New Principal Place of Business:

3520 N.W. 43RD STREET
GAINESVILLE, FL 32606 US

Current Mailing Address:

4185 WEST LAKE MARY BLVD.
#138
LAKE MARY, FL 32746 US

New Mailing Address:

3520 N.W. 43RD STREET
GAINESVILLE, FL 32606 US

FEI Number: 20-4216029 **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:

CURTSINGER, MONICA J
4185 WEST LAKE MARY BLVD.
#138
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

CURTSINGER, MONICA J
3520 N.W. 43RD STREET
GAINESVILLE, FL 32606 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: _____ 09/04/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CURTSINGER, MONICA J
Address: 4185 WEST LAKE MARY BLVD #138
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CURTSINGER, MONICA J
Address: 3520 N.W. 43RD STREET
City-St-Zip: GAINESVILLE, FL 32606 US

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: MONICA J CURTSINGER MGRM 09/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date