

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018355

FILED
Jan 29, 2007
Secretary of State

Entity Name: SECURE ONLINE PURCHASES, LLC

Current Principal Place of Business:

712 SW 3RD CT
CAPE CORAL, FL 33991 US

New Principal Place of Business:

1416 SW 50TH ST.
64C
CAPE CORAL, FL 33914 US

Current Mailing Address:

712 SW 3RD CT
CAPE CORAL, FL 33991 US

New Mailing Address:

1416 SW 50TH ST.
64C
CAPE CORAL, FL 33914 US

FEI Number: 74-3165415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

TRASATTI, LOUIS
1416 SW 50TH ST.
64C
CAPE CORAL, FL 33914 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: LOUIS TRASATTI

01/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CUNNINGHAM, CATHERINE E
Address: 712 SW 3RD CT
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM (X) Delete
Name: TRASATTI, LOUIS
Address: 1416 SW 50TH ST #64C
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRASATTI, LOUIS PRES.
Address: 1416 SW 50TH ST. UNIT 64C
City-St-Zip: CAPE CORAL, FL 33914 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUIS TRASATTI

PRES

01/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date