


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90112 014 \*\*\*\*50.00

**DOCUMENT # L06000115746**

1. Entity Name  
**WEALTH BUILDERS FOUNDATION, LLC**



Principal Place of Business  
**1333 S. UNIVERSITY DRIVE  
 #210  
 PLANTATION, FL 33324 US**


Mailing Address  
**1333 S. UNIVERSITY DRIVE  
 #210  
 PLANTATION, FL 33324 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40120000



07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5979646** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PRINCE A. DONNAHOE IV, ESQ.  
 1333 S. UNIVERSITY DRIVE  
 #210  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONNAHOE, PRINCE A IV 1333 S. UNIVERSITY DRIVE, #210 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Prince A. Donnahoe IV* **7-3-07** **954-452-7377**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #