


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90016 011 ***138.75

DOCUMENT # L07000020315 1. Entity Name INVALUABLE TECHNOLOGIES, LLC	
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Principal Place of Business 14565 CHRISTEN DR. JACKSONVILLE, FL 32218	Mailing Address 14565 CHRISTEN DR. JACKSONVILLE, FL 32218
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60045010



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8766083	Applied For Not Applicable
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6. Name and Address of Current Registered Agent HILL, DEBRA 8834 GOODBY'S EXECUTIVE DR. STE. A JACKSONVILLE, FL 32217	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKMIER, MATTHEW	NAME	
STREET ADDRESS	14565 CHRISTEN DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRON, MARCUS	NAME	
STREET ADDRESS	1240 W. JARVIS AVE. APT. # 205	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60626	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRCHMAN, BRIAN	NAME	
STREET ADDRESS	1302 BARRY AVE. APT. # 1	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60627	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 07/20/08 708-606-6289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #