2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000847

Entity Name: NORTH AMERICAN SUBSTATION SERVICES, LLC

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

445 DOUGLAS AVE., SUITE 1105 445 DOUGLAS AVE., ALTAMONTE SPRINGS, FL 32714 SUITE 1555

ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

445 DOUGLAS AVE., SUITE 1105 445 DOUGLAS AVE., ALTAMONTE SPRINGS, FL 32714 SUITE 1555

ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-1960401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERTS, MARK

445 DOUGLAS AVE., SUITE 1105

ALTAMONTE SPRINGS EL 22714 LIS

SUITE 1555

ALTAMONTE SPRINGS, FL 32714 US SUITE 1555

ALTAMONTE SPRINGS, FL 32714 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: 04/23/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: NORTH AMERICAN SUBSTATION SERVICES, INC. Name: NORTH AMERICAN SUBSTATION SERVICES, INC.

Address: 445 DOUGLAS AVE., SUITE 1105 Address: 445 DOUGLAS AVE., SUITE 1555
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: MARK ROBERTS CEO 04/23/2009