2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090134

Entity Name: THE HIT DEPOT L.L.C.

Address:

City-St-Zip:

P.O. BOX 10846 APO

GEORGE TOWN, GRAND CAYMAN,

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6361 N. FALLS CIRCLE DRIVE #202 LAUDERHILL, FL 33319 **Current Mailing Address: New Mailing Address:** 6361 N. FALLS CIRCLE DRIVE #202 LAUDERHILL, FL 33319 FEI Number: 25-1910303 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: ZACKHEIM, LEONARD 6157 N.W. 167TH STREET #F-4 MIAMI, FL 33015 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition CHRISTOPHER GILBERT, JASON Name: Name: Address: 6361 N. FALLS CIRCLE DRIVE #202 Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KERN NORMAN EDEN, BRIAN Name: Address: 1717 N BAYSHORE DR. #1139 Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DOYLE HUDSON, PAUL Name: Name: Address: P.O. BOX 10846 APO Address: City-St-Zip: GEORGE TOWN, GRAND CAYMAN. City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: JULIUS HUDSON, BEN Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: BRIAN KERN NORMAN EDEN MGRM 04/06/2005