

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023811

Entity Name: VERTICAL LEAD LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

10335 CROSS CREEK BLVD., STE #12
TAMPA, FL 33647

New Principal Place of Business:

10150 HIGHLAND MANOR DR.
HIGHLAND OAKS I, SUITE 210
TAMPA, FL 33610

Current Mailing Address:

10335 CROSS CREEK BLVD., STE #12
TAMPA, FL 33647

New Mailing Address:

10150 HIGHLAND MANOR DR.
HIGHLAND OAKS I, SUITE 210
TAMPA, FL 33610

FEI Number: 20-4266590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHTANI, VISHAL
17914 BAHAMA ISLE DR
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

MAHTANI, VISHAL
10150 HIGHLAND MANOR DR., BLDG. 1, STE 210
TAMPA, FL 33610 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: VISHAL M. MAHTANI

04/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAHTANI, VISHAL
Address: 17914 BAHAMA ISLE DR
City-St-Zip: TAMPA, FL 33647

Title: MGR () Delete
Name: SHEMESH, JACOB
Address: 23955 OAKMONT PL
City-St-Zip: WEST HILLS, CA 91304

ADDITIONS/CHANGES:

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

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: VISHAL M. MAHTANI

CEO

04/17/2007

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