2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000003136

Address:

City-St-Zip:

166 WINDY HILL RD.

LITITZ, PA 17543

Entity Name: OZONESOLUTIONS, L.C.

FILED Jul 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5657 WHISPERING OAKS DR 1373 EAGLES FLIGHT WAY NORTH PORT, FL 34287 NORTH PORT, FL 34287 **Current Mailing Address: New Mailing Address:** 5657 WHISPERING OAKS DR 1373 EAGLES FLIGHT WAY NORTH PORT, FL 34287 NORTH PORT, FL 34287 FEI Number: 52-2224243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOWNEY, JOHN A DOWNEY, JOHN A 1373 EAGLES FLIGHT WAY 5657 WHISPERING OAKS DRIVE NORTH PORT, FL 34287 NORTH PORT, FL 34287 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: 07/03/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition DOWNEY, JOHN A Name: Name: Address: 5657 WHISPERING OAKS DRIVE Address: City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: GEISER, ROY Name:

Address:

City-St-Zip:

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: JOHN A. DOWNEY MGR 07/03/2007