2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 26, 2007 8:00 am Secretary of State

813-707-8652

DOCUMENT # L01000010398 1. Entity Name EMPLOYER'S ALLIANCE, LLC							02-26-200	7 90305 03	4 ****50	0.00
Principal Place 1115 U.S. HII LAKELAND, F	GHWAY 98, SOUTH	Mailing Address P.O. BOX 468 LAKELAND, FL 33802	US			i (prijaji rik		05117 	. 181 1 8111 18 1	1 01 (1 11.
$\omega_{\omega} = 11$	lace of Business - No P.D. Box #	3. Mailing Address 8975 Hidden	Rw	er Park	ruay					
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City & State	\ \	Tampa, FL	_			FEI Numbe 59-372			_ 	plied For t Applicable
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Name and Address of Current Registered Agent						Name and	Address of New	Registered Ag	jent	
BULMAN, BRUCE A S,T 1115 U.S. HIGHWAY 98, SOUTH LAKELAND, FL 33801				Street Address (P.O. Box Number is Not Acceptable) 8875 Hidden Miller Parkway						
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				City—T	ampo			FL	330	75
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