2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000010807 1. Entity Name INTERNATIONAL DATA NETWORKERS, L.L.C.

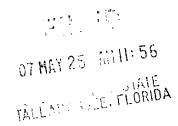


Principal Place of Business

3015 N. OCEAN BOULEVARD, SUITE 121 FORT LAUDERDALE, FL 33308

Mailing Address

3015 N. OCEAN BOULEVARD, SUITE 121 FORT LAUDERDALE, FL 33308





04232007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---------------|----------------|
| 65-1137286 | Not Applicable |
| | \$5.00 A 183 |

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A 3015 N OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308

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| | pove named entity submits this statement for the purpose of challigations of registered agent. | anging its registered office or registered agent, or both, in the | State of Florida. I am familiar with, and accept |
|---------|--|---|--|
| SIGNATU | Signature, typed or printed name of registered agent and title if applicable. | (NOTE, Registered Agent signature required when reinstating) | DATE |
| | Filing Fee is \$50.00 Due by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |

| _ - | TO THE COURT OF TH |
|---------------------------------------|--|
| TITLE NAME | MGR FOSTER, REBECCA |
| STREET ADDRESS | 3015 N. OCEAN BOULEVARD, SUITE 121 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GOPAUL, ROGER 3015 N. OCEAN BOULEVARD, SUITE 121 FORT LAUDERDALE, FL 33308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | |

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MM

11. I hereby certify that the information supplied with the filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and final may 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 of most provided to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

954.563.2444

Daytime Phone #