

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 29 AM 9:06

DOCUMENT # L01000019860 1. Entity Name WEALTHCARE FINANCIAL SERVICES, L.L.C.	
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Principal Place of Business 1031 W. MORSE BLVD., SUITE 200 WINTER PARK, FL 32789	Mailing Address 1031 W. MORSE BLVD., SUITE 200 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



07062006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3753777	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

EDDY, CARSON L C.P.A.
1031 W. MORSE BLVD., SUITE 200
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

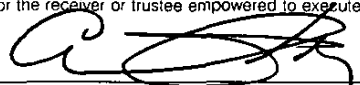
**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDDY, CARSON L C.P.A. 1031 W. MORSE BLVD., SUITE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INCINELLI, VICTOR J C.P.A. 1031 W. MORSE BLVD., SUITE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARP, HARRY E C.P.A. 1031 W. MORSE BLVD., SUITE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/12/06--01031--015 **100.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this 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 that my 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:  **Date** 7/6/06 **Daytime Phone #** (407) 644-7455

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