2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L01000022078

Entity Name: WORKERS COMPENSATION.COM, L.L.C.

Current Principal Place of Business:

1945 17TH ST
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

PO BOX 2432
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 60-0000516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, ROBERT H
4828 LAKESCENE PLACE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

WILSON, ROBERT H
1945 17TH ST
SARASOTA, FL 34234 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: ROBERT H WILSON 04/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LANCASTER, ALEX
Address: 711 N WASHINGTON BLVD
City-St-Zip: SARASOTA, FL 34236

Title: PRES ( ) Delete
Name: WILSON, ROBERT H
Address: 4828 LAKESCENE PLACE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES:

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

Title: PRES (X) Change ( ) Addition
Name: WILSON, ROBERT H
Address: 1945 17TH ST
City-St-Zip: SARASOTA, FL 34234

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: ROBERT H WILSON PRES 04/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date