2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022078

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

FILED Jun 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1945 17TH ST 1695 10TH STREET

SARASOTA, FL 34234 211

SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

PO BOX 2432

SARASOTA, FL 34230

FEI Number: 60-0000516 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:

WILSON, ROBERT H WILSON, ROBERT H 1945 17TH ST 1695 10TH ST

1945 17TH ST SARASOTA, FL 34234 US 211 SARASOTA, FL 34236 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: 06/01/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 LANCASTER, ALEX
 Name:

 Address:
 711 N WASHINGTON BLVD
 Address:

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 WILSON, ROBERT H
 Name:
 WILSON, ROBERT H

 Address:
 1945 17TH ST
 Address:
 1695 10TH ST SUITE 211

 City-St-Zip:
 SARASOTA, FL 34234
 City-St-Zip:
 SARASOTA, FL 34236

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: ROBERT H WILSON PRES 06/01/2007