2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L01000022078

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

Current Principal Place of Business:

1695 10TH STREET
211
SARASOTA, FL 34236

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
1695 10TH ST
211
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

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: 1695 10TH ST SUITE 211
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

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

Title: CEO (X) Change ( ) Addition
Name: WILSON, ROBERT H
Address: 1695 10TH ST SUITE 211
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 WILSON CEO 04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date