

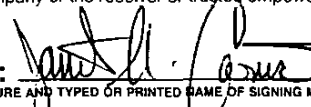


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # L02000001020			
1. Entity Name KOLTEN SERVICES LTD. CO.			
Principal Place of Business 360 SOUTH SHORE DRIVE SARASOTA, FL 34234		Mailing Address 12260 WILLOW GROVE RD BLDG #2 CAMDEN, DE 19934	
2. Principal Place of Business <u>35 Barrack Road</u>		3. Mailing Address <u>1220 N. Market St.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>Suite 808</u>	
City & State <u>Belize City</u>		City & State <u>Wilmington, DE</u>	
Zip <u>Belize</u>		Zip <u>19801</u>	
		Country	
		Country	
		4. FEI Number NOT APPLICABLE	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  FLETCHER, W. RICK 360 SOUTH SHORE DRIVE SARASOTA, FL 34234		7. Name and Address of New Registered Agent Name <u>Florida Filing &amp; Search Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1333 N. Duval St.</u>  City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32302</u>	
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 		DATE <u>4-22-05</u>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTERNATIONAL CONSULTING SERVICES LIMITED 35 BARRACK ROAD BELIZE CITY, C.A., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <u>4-11-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <u>302-421-5752</u>	