

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004269

FILED
Feb 12, 2007
Secretary of State

Entity Name: THE INTERNATIONAL CENTERS OF EXCELLENCE, LLC

Current Principal Place of Business:

8050 N. 9TH AVE., #130
PENSACOLA, FL 32514

New Principal Place of Business:

3070 NEWTON DRIVE
PENSACOLA, FL 32503

Current Mailing Address:

333 1765 E. NINE MILE RD., STE 1
PENSACOLA, FL 325145480

New Mailing Address:

FEI Number: 90-0066720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARTLINSKI, COLLEEN
8050 N. 9TH AVE., #130
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

BARTLINSKI, COLLEEN
3070 NEWTON DRIVE
PENSACOLA, FL 32503 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:

02/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CP () Delete
Name: BARTLINSKI, JOSPEH
Address: 8050 N 9TH AVE., #130
City-St-Zip: PENSACOLA, FL 32514

Title: CP () Delete
Name: ELLIOTT, BILL
Address: 9146 SHILBRIDGE LN
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: CP (X) Change () Addition
Name: BARTLINSKI, JOSPEH
Address: 3070 NEWTON DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: CP (X) Change () Addition
Name: ELLIOTT, BILL
Address: 9146 STILLBRIDGE LN
City-St-Zip: PENSACOLA, FL 32514

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: JOSEPH BARTLINSKI

CP

02/12/2007

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