2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008098

Entity Name: SWITCHED I.T. SOLUTIONS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
18830 MAISONS DRIVE LUTZ, FL 33558	19115 WEYMOUTH DRIVE LAND O LAKES, FL 34638

Current Mailing Address:	**New Mailing Address:**
18830 MAISONS DRIVE LUTZ, FL 33558	19115 WEYMOUTH DRIVE LAND O LAKES, FL 34638

FEI Number: 01-0665489   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BOWMAN, GRAHAM K 18830 MAISONS DR LUTZ, FL 33558 US	BOWMAN, GRAHAM K 19115 WEYMOUTH DRIVE LAND O LAKES, FL 34638 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: _____ 04/16/2005

     Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS:

	ADDITIONS/CHANGES:
Title: MGRM ( ) Delete Name: BOWMAN, GRAHAM Address: 18830 MAISONS DRIVE City-St-Zip: LUTZ, FL 33558	Title: MGRM (X) Change ( ) Addition Name: BOWMAN, GRAHAM Address: 19115 WEYMOUTH DRIVE City-St-Zip: LAND O LAKES, FL 34638
Title: MGRM ( ) Delete Name: BOWMAN, WAI SION Address: 18830 MAISONS DRIVE City-St-Zip: LUTZ, FL 33558	Title: MGRM (X) Change ( ) Addition Name: BOWMAN, WAI SION Address: 19115 WEYMOUTH DRIVE City-St-Zip: LAND O LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GRAHAM K. BOWMAN   PRES   04/16/2005

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