## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000008098

Entity Name: SWITCHED I.T. SOLUTIONS, LLC

FILED Apr 25, 2006 Secretary of State

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

9340 BLACKTHORN LOOP LAND O LAKES, FL 34639

Current Mailing Address: New Mailing Address:

9340 BLACKTHORN LOOP LAND O LAKES, FL 34639

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

19115 WEYMOUTH DRIVE
LAND O LAKES, FL 34638 US

BOWMAN, GRAHAM K

9340 BLACKTHORN LOOP
LAND O LAKES, FL 34639 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: 04/25/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWMAN, GRAHAM

Address: 19115 WEYMOUTH DRIVE City-St-Zip: LAND O LAKES, FL 34638

 Title:
 MGRM () Delete

 Name:
 BOWMAN, WAI SION

 Address:
 19115 WEYMOUTH DRIVE

 City-St-Zip:
 LAND O LAKES, FL 34638

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition

Name: BOWMAN, GRAHAM
Address: 9340 BLACKTHORN LOOP
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM (X) Change ( ) Addition

Name: BOWMAN, WAI SION
Address: 9340 BLACKTHORN LOOP
City-St-Zip: LAND O LAKES, FL 34639

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: GRAHAM BOWMAN PRES 04/25/2006