2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017322

Entity Name: YOUR DIRECTION, LLC

Address:

City-St-Zip:

730 VENETIAN WAY

MERRITT ISLAND, FL 32953

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 730 VENETIAN WAY MERRITT ISLAND, FL 32953 US **Current Mailing Address: New Mailing Address:** 1780 W 9000 S SUITE 421 WEST JORDAN, UT 84088 US FEI Number: 13-4203809 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: **BUSINESS FILINGS INCORPORATED** MCFADDEN, PETER 1203 GOVERNORS SQUARE BLVD 730 VENETIÁN WAY SUITE 101 MERRITT ISLAND, FL 32953 US TALLAHASSEE, FL 32301 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: PETER MCFADDEN 04/25/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: (X) Change () Addition () Delete MCCLEVE, DANIEL MCCLEVE, DANIEL Name: Name: 1780 W 9000 S SUITE 421 Address: 3348 OLIVE TREE CIR Address: City-St-Zip: WEST JORDAN, UT 84088 City-St-Zip: WEST JORDAN, UT 84088 Title: () Delete Title: () Change () Addition MCCLEVE, DANIEL Name: Name: Address: 1780 W 9000 S SUITE 421 Address: City-St-Zip: WEST JORDAN, UT 84088 City-St-Zip: Title: () Delete Title: () Change () Addition MCFADDEN, PETER Name: Name: Address: 730 VENETIAN WAY Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: Title: () Delete Title: () Change () Addition MCFADDEN, PETER Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DANIEL MCCLEVE MGRM 04/25/2008