2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L02000017452

Entity Name: MITIGATION STRATEGIES LLC

Current Principal Place of Business:

426 PARTRIDGE CIRCLE
SARASOTA, FL 34236

New Principal Place of Business:

P.O. BOX 673
SARASOTA, FL 34230

Current Mailing Address:

426 PARTRIDGE CIRCLE
SARASOTA, FL 34236

New Mailing Address:

P.O. BOX 673
SARASOTA, FL 34230

FEI Number: 27-0021500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCREYNOLDS, ALLEN
426 PARTRIDGE CIRCLE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

MCREYNOLDS, ALLEN
P.O. BOX 673
SARASOTA, FL 34230 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: ALLEN D. MCREYNOLDS 04/22/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MCREYNOLDS, ALLEN D
Address: 426 PARTRIDGE CIRCLE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCREYNOLDS, ALLEN D
Address: P.O. BOX 673
City-St-Zip: SARASOTA, FL 34230

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: ALLEN D. MCREYNOLDS MGRM 04/22/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date