2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# L02000020415

Entity Name: MINDSWEEPER ENTERPRISES LLC

Current Principal Place of Business:

500 WONDERWOOD DRIVE
#73
JACKSONVILLE, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 331059
ATLANTIC BEACH, FL 323331059 US

New Mailing Address:

P.O. BOX 331059
ATLANTIC BEACH, FL 322331059 US

FEI Number: 45-0485859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COPELAND, CHARLES H
500 WONDERWOOD DRIVE
#73
JACKSONVILLE, FL 32233 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COPELAND, CHARLES H
Address: 500 WONDERWOOD DRIVE, #73
City-St-Zip: JACKSONVILLE, FL 322331059 US

Title: MGRM ( ) Delete
Name: COPELAND, JEANNINE M
Address: 500 WONDERWOOD DRIVE, #73
City-St-Zip: JACKSONVILLE, FL 322331059 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHARLES H. COPELAND MGRM 05/05/2008

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