2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024266

Entity Name: PEA BRAINS, LLC

Address:

City-St-Zip:

898 SW 55 TERRACE

MARGATE, FL 33068

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1095 SUGAR FORK RD. FRANKLIN, NC 287343673 **Current Mailing Address: New Mailing Address:** 4950 NW 104 WAY CORAL SPRINGS, FL 33076 FEI Number: 43-1975779 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: HAMRICK, ALEX H ESQ 315 E. ROBINSON STREET, SUITE 600 ORLANDO, FL 32801 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete Name: GILL JILL Name: Address: 4950 NW 104 WAY Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SZOZDA, JO ANN Name: Address: 898 SW 55 TERRACE Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: () Delete Title: MGR Title: () Change () Addition GILL, DAVE Name: Name: 4950 NW 104 WAY Address: Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SZOZDA, PATRICK 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: JILL GILL MGR 04/24/2007