

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000026141

**FILED**  
**Jul 19, 2007**  
**Secretary of State**

**Entity Name:** CHANNEL TECHNOLOGY SOLUTIONS, LLC

**Current Principal Place of Business:**

PO BOX 863  
511 MAYO STREET  
CRYSTAL BEACH, FL 34681

**New Principal Place of Business:**

511 MAYO ST  
511 MAYO STREET  
CRYSTAL BEACH, FL 34681

**Current Mailing Address:**

PO BOX 863  
511 MAYO STREET  
CRYSTAL BEACH, FL 34681

**New Mailing Address:**

**FEI Number:** 51-0430449      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

WATKINS, FREDERICK B  
511 MAYO STREET  
PO BOX 863  
CRYSTAL BEACH, FL 34681 US

**Name and Address of New Registered Agent:**

FREDERICK, WATKINS B  
511 MAYO ST  
CRYSTAL BEACH, FL 34681 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: FB WATKINS

07/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WATKINS, FREDRICK B  
Address: 511 MAYO ST  
City-St-Zip: CRYSTAL BEACH, FL 34681

**ADDITIONS/CHANGES:**

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: FB WATKINS

MGRM

07/19/2007

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