2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# L02000027159

Entity Name: TOO DEEP GRAFIX, LLC.

Current Principal Place of Business:

626 SW 80 TERR
NORTH LAUDERDALE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

626 SW 80 TERR
NORTH LAUDERDALE, FL 33068 US

New Mailing Address:

FEI Number: 52-2391503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSELL, NEIL B
18925 NW 11TH COURT
SUITE 405
MIAMI, FL 33068 US

Name and Address of New Registered Agent:

RUSSELL, NEIL B
1221 NW 185 AVE
PEMBROKE PINES, FL 33029 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: 01/23/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RUSSELL, TIMOTHY L
Address: 6814 OAK HILL
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: MGR ( ) Delete
Name: RUSSELL, ANEUYRON S
Address: 6814 OAK HILL
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RUSSELL, TIMOTHY L
Address: 626 SW 80 TERRACE
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: MGR (X) Change ( ) Addition
Name: RUSSELL, ANEUYRON S
Address: 626 SW 80 TERRACE
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANEUYRON RUSSELL MGR 01/23/2006

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