2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED May 01, 2008 08:00 AN Secretary of State DOCUMENT # L03000006995 -1. Eritity Name CONQUEST TECHNOLOGIES, LLC Principal Prace of Business Mailing Address PO BOX 6700 DESTIN FL 32550 630 GRAND BLVD. DESTIN FL 32550 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 59-3769230 Not Applicable Zip Country Couritry \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEARCE, R.P. JR Street Address (P.O. Box Number is Not Acceptable) 630 GRAND BLVD. DESTIN FL 32550 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 U000000937002 Make Check Payable to Florida Department of State 05/27/08-80032-017 138.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Dølete TITLE Change Addition NAME CONQUEST, LLC NAME STREET ADDRESS 10859 EMERALD COAST ROAD STREET ADDRESS MIRAMAR BEACH FL 32550 CITY - ST - ZIF CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE TILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIRE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - = ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Statules.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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