2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # L03000007122 1. Entity Name CELTIC PULSE, LLC Principal Place of Business Mailing Address 1065 SOUTH HIAWASSEE ROAD, APT. 1418 1065 SOUTH HIAWASSEE ROAD, APT. 1418 ORLANDO, FL 32835 ORLANDO, FL 32835 04172005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 57-1153441 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATTERS, MYRA DO NOT WRITE 1065 SOUTH HIAWASSEE ROAD, APT. 1418 ORLANDO, FL 32835 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 1100000321039 04/21/05-80062-017 50.00 9. MANAGING MEMBERS/MANAGERS MGRM TITLE WATTERS, MYRA NAME STREET ADDRESS 1065 SOUTH HIAWASSEE ROAD, APT. 1418 CITY-ST-ZIP ORLANDO, FL. 32835 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Statutes.

Daytime Phone #