2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2006
Secretary of State

DOCUMENT# L03000007368

Entity Name: DEPENDABLE PROPERTY SOLUTIONS, LLC

Current Principal Place of Business:

8819 KANAWHA ROAD
GIBSONTON, FL 33534

New Principal Place of Business:

8819 KANAWHA ROAD
RIVERVIEW, FL 33569

Current Mailing Address:

P. O. BOX 1442
GIBSONTON, FL 33534

New Mailing Address:

FEI Number: 27-0053175 **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:

MCEWEN, DAVID B
100 FIRST AVENUE SOUTH
SUITE. 340
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MCEWEN, DAVID B
560 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 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: _____ 05/26/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HABECK, LARRY G
Address: P. O. BOX 1442
City-St-Zip: GIBSONTON, FL 33534

Title: MGRM ( ) Delete
Name: HABECK, GALA J
Address: P. O. BOX 1442
City-St-Zip: GIBSONTON, FL 33534

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GALA J. HABECK MGMB 05/26/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date