2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# L03000014228

Entity Name: EDIBLE ECSTASY, LLC

Current Principal Place of Business:

7575 KINGSPOINTE PARKWAY
UNIT 12
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7575 KINGSPOINTE PARKWAY
UNIT 12
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 14-1881476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALTMAN, EDWARD P
8583 SHADY GLEN DRIVE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

ALTMAN, EDWARD P
9229 WICKHAM WAY
ORLANDO, FL 32836 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: 01/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALTMAN, DEBRA
Address: 7802 KINGSPOINTE PARKWAY, SUITE 203
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM ( ) Delete
Name: ALTMAN, EDWARD
Address: 7802 KINGSPOINTE PARKWAY, SUITE 203
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ALTMAN, DEBRA
Address: 7575 KINGSPOINTE PKWY
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM (X) Change ( ) Addition
Name: ALTMAN, EDWARD
Address: 7575 KINGSPOINTE PKWY
City-St-Zip: ORLANDO, FL 32819 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: DEBRA ALTMAN MGRM 01/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date