

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90118 031 ****50.00

DOCUMENT # L03000024738	
1. Entity Name BOOM ADVERTISING AND DESIGN LLC	

Principal Place of Business 4333 N. U.S. HWY-1, VERO BEACH, FL-32967 US--	Mailing Address 2046-TREASURE COAST PLAZA #117 VERO BEACH, FL-32960 US--
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New Address:

2. Principal Place of Business - No P.O. Box # 2248 18th Ave	3. Mailing Address 2248 18th Ave
Suite, Apt. #, etc. VERO BEACH, FL 32960	Suite, Apt. #, etc. VERO BEACH, FL 32960
City & State	City & State
Zip USA	Zip USA

60023270



03072007 Chg-LLC CR2E083 (12/06)

4. FEI Number 80-0069953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MEAD, AMY H 2046 TREASURE COAST PLAZA #117 VERO BEACH, FL 32960	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEAD, AMY H 2046 TREASURE COAST PLAZA #117 VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIFFITHS, CAMERON E 2046 TREASURE COAST PLAZA #117 VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Statutes.

SIGNATURE: Amy Mead **3/9/07** **(772) 473-4204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #