2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030000

City-St-Zip:

CORAL GABLES, FL 33134

Entity Name: LEADCREATIONS.COM, LLC

FILED Jan 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 201 ALHAMBRA CIRCLE 501 CORAL GABLES, FL 33134 **New Mailing Address: Current Mailing Address:** 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 FEI Number: 86-1080715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OUTSOURCE 2 SOLUTION, INC ATT; RAY LEVI VARDAR, UMUT 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 US 501 CORAL GABLES, FL 33134 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: UMUT VARDAR 01/19/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete KOYUNCU, HAKAN Name: Name: 201 ALHAMBRA CIRCLE SUITE 501 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: LEVI, RAY Name: Address: 201 ALHAMBRA CIRCLE SUITE 501 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition VARDAR, UMUT Name: Name: 201 ALHAMBRA CIRCLE SUITE 501 Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: UMUT VARDAR MGR 01/19/2008