

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030524

FILED
Apr 27, 2007
Secretary of State

Entity Name: SWOT SOLUTIONS, LLC

Current Principal Place of Business:

3208-C EAST COLONIAL DRIVE
#324
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

4332 ASHLAND CTY HWY
NASHVILLE, TN 37218 US

New Mailing Address:

FEI Number: 06-1704388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURDOUCCI, CIEMBRELLI
5269 WELLINGTON PARK CIRCLE
SUITE B-24
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: BURDOUCCI, ROMELLO
Address: 5269 WELLINGTON PARK CIRCLE SUITE B-24
City-St-Zip: ORLANDO, FL 32839 US

Title: VP () Delete
Name: BYRD, WILLIE M
Address: 4332 ASHLAND CITY HIGHWAY
City-St-Zip: NASHVILLE, TN 37218 US

Title: VP () Delete
Name: BURDOUCCI, CIEMBRELLI
Address: 5269 WELLINGTON PARK CIRCLE SUITE B-24
City-St-Zip: ORLANDO, FL 32839 US

ADDITIONS/CHANGES:

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

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 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: WILLIE M BYRD

VP

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date