2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030524

Entity Name: SWOT SOLUTIONS, LLC

5269 WELLINGTON PARK CIRCLE SUITE B-24

ORLANDO, FL 32839 US

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3208-C EAST COLONIAL DRIVE #324 ORLANDO, FL 32803 **New Mailing Address: Current Mailing Address:** 4332 ASHLAND CTY HWY NASHVILLE, TN 37218 US FEI Number: 06-1704388 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: BURDOUCCI, CIEMBRELLI 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BURDOUCCI, ROMELLO Name: Name: Address: 5269 WELLINGTON PARK CIRCLE SUITE B-24 Address: City-St-Zip: ORLANDO, FL 32839 US City-St-Zip: Title: () Delete Title: () Change () Addition BYRD, WILLIE M Name: Name: Address: 4332 ASHLAND CITY HIGHWAY Address: City-St-Zip: NASHVILLE, TN 37218 US City-St-Zip: Title: () Delete Title: () Change () Addition BURDOUCCI, CIEMBRELLI Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: WILLIE M BYRD VP 04/27/2007