2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034863

TOLAND, CY MGRM

SATELLITE BEACH, FL 32937

P.O. BOX 2780

Name:

Address:

City-St-Zip:

Entity Name: FINANCIAL RESOURCES OF CENTRAL FLORIDA, LLC

FILED Jul 12, 2006 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 773 S. KIRKMAN ROAD SUITE 118 ORLANDO, FL 32811 **New Mailing Address: Current Mailing Address:** P.O. BOX 237911 COCOA, FL 329237911 FEI Number: 20-0246197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMALL BUSINESS RESOURCES, INC. SMALL BUSINESS RESOURCES USA, INC. 773 S. KIRKMAN ROAD 773 S. KIRKMAN ROAD SUITE 118 SUITE 118 ORLANDO, FL 32811 US ORLANDO, FL 32811 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: JAMES K. DUERR, CPA 07/12/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HOGAN, FAYE Name: Name: P.O. BOX 237911 Address: Address: City-St-Zip: COCOA, FL 329237911 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: DUBOVEC, RUDY MGRM Name: Address: P.O. BOX 2097 Address: City-St-Zip: DAYTONA BEACH, FL 32115 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition BISHOP, DIANE MGRM Name: Name: Address: P.O. BOX 1178 Address: City-St-Zip: MERRITT ISLAND, FL 32954 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FAYE HOGAN MGRM 07/12/2006