

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

07-03-2006 90094 026 \*\*\*\*50.00

<b>DOCUMENT # L03000034911</b>					
<b>1. Entity Name</b> THE BULLDOG EXCHANGE, LLC					
		Mr. Evan M. Quintavella 16182 93Rd. Rd. N Loxahatchee, FL 33470			
<b>2. Principal Place of Business</b> 16182 93Rd N Suite, Apt. #, etc.		<b>3. Mailing Address</b> 16182 93Rd N Suite, Apt. #, etc. <span style="float: right;">FL</span>			
<b>City &amp; State</b> Loxahatchee FL		<b>City &amp; State</b> Loxahatchee FL		<b>4. FEI Number</b> 86-1081646	
<b>Zip</b> 33470 <b>Country</b> USA		<b>Zip</b> 33470 <b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
Mr. Evan M. Quintavella 16182 93Rd. Rd. N Loxahatchee, FL 33470				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUINTAVELLA, EVAN M 17109 MURCOTT BLVD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHARMER, MICHELLE 17109 MURCOTT BLVD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">Date Daytime Phone #</span>					