

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035425

Entity Name: PHD TECHNOLOGIES, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

3316 STAGECOACH TRAIL
WIMAUMA, FL 33598

New Principal Place of Business:

4405 PROSPERITY DR
FORT PIERCE, FL 34981

Current Mailing Address:

3316 STAGECOACH TRAIL
WIMAUMA, FL 33598

New Mailing Address:

4405 PROSPERITY DR
FORT PIERCE, FL 34981

FEI Number: 57-1187037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNING, JONNE L
3316 STAGCOACH TR.
WIMAUMA, FL 33598 US

Name and Address of New Registered Agent:

BERNING, JONNE L
4405 PROSPERITY DR
FORT PIERCE, FL 34981 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: JONNE L. BERNING

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERNING, JONNE L
Address: 3316 STAGECOACH TRAIL
City-St-Zip: WIMAUMA, FL 33598

Title: MGR () Delete
Name: MULVEY, THOMAS K
Address: 3316 STAGECOACH TRAIL
City-St-Zip: WIMAUMA, FL 33598

Title: S () Delete
Name: MULVEY, THOMAS K
Address: 3316 STAGECOACH TRAIL
City-St-Zip: WIMAUMA, FL 33598

Title: T () Delete
Name: BERNING, JONNE L
Address: 3316 STAGECOACH TRAIL
City-St-Zip: WIMAUMA, FL 33598

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BERNING, JONNE L
Address: 4405 PROSPERITY DR
City-St-Zip: FORT PIERCE, FL 34981

Title: MGR (X) Change () Addition
Name: MULVEY, THOMAS K
Address: 4405 PROSPERITY DR
City-St-Zip: FORT PIERCE, FL 34981

Title: S (X) Change () Addition
Name: MULVEY, THOMAS K
Address: 4405 PROSPERITY DR
City-St-Zip: FORT PIERCE, FL 34981

Title: T (X) Change () Addition
Name: BERNING, JONNE L
Address: 4405 PROSPERITY DR
City-St-Zip: FORT PIERCE, FL 34981

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: JONNE L. BERNING

PRES

04/29/2008

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