

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041229

Entity Name: TULLINT, LLC

FILED  
Feb 11, 2006  
Secretary of State

**Current Principal Place of Business:**

4631 NW 31 AVENUE  
SUITE 305  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

4631 NW 31 AVENUE  
SUITE 305  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

FEI Number: 58-2680899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

LIVERPOOL, RUTH  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: RUTH LIVERPOOL

02/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TULLOCH, CLIFTON W  
Address: 4631 NW 31 AVENUE, SUITE 305  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM ( ) Delete  
Name: CONSUMER DIRECT ONLI, NE, INC.  
Address: 4631 NW 31 AVENUE, SUITE 305  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

**ADDITIONS/CHANGES:**

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 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: CLIFTON TULLOCH

MGR

02/11/2006

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