2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L03000055465

Entity Name: TERMPROVIDER FINANCIAL SERVICES, LLC

Current Principal Place of Business:

348 SW MIRACLE STRIP PARKWAY
SUITE 39
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

348 SW MIRACLE STRIP PARKWAY
SUITE 39
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-0523207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITELL, LISA Y
4400 E. HIGHWAY 20
SUITE 202
NICEVILLE, FL 32580 US

Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete
Name: PAULZAK, GARY M
Address: 348 SW MIRACLE STRIP PARKWAY, SUITE 39
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

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: GARY PAULZAK MGR 04/17/2007

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