

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002742

FILED
Apr 29, 2006
Secretary of State

Entity Name: KINGDOM LEADERSHIP SOLUTIONS, LLC

Current Principal Place of Business:

335 LAKE HILL PLACE
APOPKA, FL 32703

New Principal Place of Business:

3990 MARIETTA WAY
ST. CLOUD, FL 34745

Current Mailing Address:

P.O. BOX 450097
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 20-1155898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, MICHAEL A
335 LAKE HILL PLACE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

PHILLIPS, MICHAEL A
3990 MARIETTA WAY
ST. CLOUD, FL 34745 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: _____

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PHILLIPS, MICHAEL A
Address: 335 LAKE HILL PLACE
City-St-Zip: APOPKA, FL 32703

Title: MGRM () Delete
Name: PHILLIPS, SAMANTHA M
Address: 335 LAKE HILL PLACE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: PHILLIPS, MICHAEL A
Address: 3990 MARIETTA WAY
City-St-Zip: ST. CLOUD, FL 34745

Title: VP (X) Change () Addition
Name: PHILLIPS, SAMANTHA M
Address: 3990 MARIETTA WAY
City-St-Zip: ST. CLOUD, FL 34745

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: MICHAEL A. PHILLIPS

PD

04/29/2006

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