2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000002742

Entity Name: KINGDOM LEADERSHIP SOLUTIONS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
3313 WEST SHORE DRIVE ST. CLOUD, FL 34772	

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 450097 KISSIMMEE, FL 34745	

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PHILLIPS, MICHAEL A 3313 WEST SHORE DRIVE ST. CLOUD, FL 34772 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: _____

          Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	PD ( ) Delete	Title:	( ) Change ( ) Addition
Name:	PHILLIPS, MICHAEL A	Name:	
Address:	3313 WEST SHORE DRIVE	Address:	
City-St-Zip:	ST. CLOUD, FL 34772	City-St-Zip:	

Title:	VP ( ) Delete	Title:	VP (X) Change ( ) Addition
Name:	DAVIS, TERRY B	Name:	PHILLIPS, SAMANTHA M
Address:	279 CORAL WOOD COURT	Address:	3313 WEST SHORE DRIVE
City-St-Zip:	KISSIMMEE, FL 34743	City-St-Zip:	ST. CLOUD, FL 34745

Title:	S ( ) Delete	Title:	( ) Change ( ) Addition
Name:	GRINES, JERRY	Name:	
Address:	831 CAMARGO WAY APT. #107	Address:	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	City-St-Zip:	

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: MICHAEL A. PHILLIPS   PD   07/26/2007
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date