

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003178

FILED
Mar 10, 2006
Secretary of State

Entity Name: INFO SYSTEMS SOLUTIONS, LLC.

Current Principal Place of Business:

210 KING NEPTUNE LN
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

1767 AUBURN LAKES DR
ROCKLEDGE, FL 32955

Current Mailing Address:

210 KING NEPTUNE LN
CAPE CANAVERAL, FL 32920

New Mailing Address:

1767 AUBURN LAKES DR
ROCKLEDGE, FL 32955

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, G. DENNIS
1450 MADRUGA AVENUE, STE 207
CORAL GABLES, FL 33146 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: PRE () Delete
Name: ANGEE, MARIA
Address: 210 KING NEPTUNE LN
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP () Delete
Name: ANGEE, MAURICIO E
Address: 210 KING NEPTUNE LN
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES:

Title: PRE (X) Change () Addition
Name: ANGEE, MARIA F
Address: 1767 AUBURN LAKES DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change () Addition
Name: ANGEE, MAURICIO E
Address: 1767 AUBURN LAKES DR
City-St-Zip: ROCKLEDGE, FL 32955

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: MAURICIO E. ANGEE

VP

03/10/2006

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