

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005144

Entity Name: INOVATIONEERING, LLC

FILED
Mar 28, 2005
Secretary of State

Current Principal Place of Business:

111 EAST TUGALO STREET
SUITE 109
TOCCOA, GA 30577 US

New Principal Place of Business:

Current Mailing Address:

111 EAST TUGALO STREET
SUITE 109
TOCCOA, GA 30577 US

New Mailing Address:

POST OFFICE BOX 445
TOCCOA, GA 30577 US

FEI Number: 41-2122691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ITERION CORPORATION
10584 OLD ST. AUGUSTINE RD
SUITE 16
JACKSONVILLE, FL 32257 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: GENE YOUNGBLOOD

03/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: YOUNGBLOOD, GENE
Address: 111 EAST TUGALO STREET, SUITE 111
City-St-Zip: TOCCOA, GA 30577 US

Title: MGRM (X) Delete
Name: YOUNGBLOOD, LABETH
Address: 111 EAST TUGALO STREET, SUITE 111
City-St-Zip: TOCCOA, GA 30577 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ITERION CORPORATION,
Address: POST OFFICE BOX 445
City-St-Zip: TOCCOA, GA 30577 US

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 Section 119.07(3)(i), 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: GENE YOUNGBLOOD

PRES

03/28/2005

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