

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005829

FILED
Mar 25, 2007
Secretary of State

Entity Name: DISPUTE RESOLUTION & EDUCATION CENTER, LLC

Current Principal Place of Business:

1209 W. EAU GALLIE BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

1290 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935

Current Mailing Address:

1209 W. EAU GALLIE BLVD
MELBOURNE, FL 32935

New Mailing Address:

1290 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935

FEI Number: 04-3783092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINBERG, EDWARD J
1209 W. EAU GALLIE BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

KINBERG, EDWARD J
1290 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935 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:

03/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KINBERG, MARY
Address: 1209 W. EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KINBERG, MARY MGRM
Address: 1290 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: MGR () Change (X) Addition
Name: KINBERG, EDWARD J MGR
Address: 1290 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

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: MARY KINBERG

MGRM

03/25/2007

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