2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L04000009815

Entity Name: YOUR EVENTS ONLINE, L.L.C.

Current Principal Place of Business:

8567 CORAL WAY #389
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

8567 CORAL WAY #389
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-0929117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGEL M. GARCIA-OLIVER, P.A.
782 NW LE JEUNE RD
447
MIAMI, FL 33126 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:	MGRM	( ) Delete
Name:	SALEHMOHAMED, ASGHER	
Address:	8567 CORAL WAY #389	
City-St-Zip:	MIAMI, FL 33155 US	
Title:	MEM	( ) Delete
Name:	SALEHMOHAMED, ABBAS	
Address:	8567 CORAL WAY #389	
City-St-Zip:	MIAMI, FL 33155 US	
Title:	MEM	( ) Delete
Name:	SALEHMOHAMED, NURJEHAN	
Address:	8567 CORAL WAY #389	
City-St-Zip:	MIAMI, FL 33155 US	
Title:	MEM	( ) Delete
Name:	SALEHMOHAMED, ISMAT	
Address:	8567 CORAL WAY #389	
City-St-Zip:	MIAMI, FL 33155 US	
Title:	MEM	( ) Delete
Name:	SALEHMOHAMED, AUNALI	
Address:	SAMIR VIHAR SOCIETY #25	
City-St-Zip:	AHMEDABAD, GJ 380055 IN	
Title:	MEM	( ) Delete
Name:	SALEHMOHAMED, SADIQ	
Address:	SAMIR VIHAR SOCIETY #25	
City-St-Zip:	AHMEDABAD, GJ 380055 IN	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ABBAS SALEHMOHAMED MEM 04/30/2006

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