2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# L04000009884

Entity Name: PROFIT ENTREE L.C.

Current Principal Place of Business:

2729 SOUTH OAKLAND AVENUE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

2729 SOUTH OAKLAND AVENUE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 76-0754043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALM, EUGENE M
2729 SOUTH OAKLAND AVENUE
LAKELAND, FL 33803 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: JOHN J. COFFEY AND A, SSOCIAES, L.C.
Address: 2729 SOUTH OAKLAND AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: MGRM ( ) Delete
Name: MURFF, DARREL L JR.
Address: 444 CARDINAL DRIVE
City-St-Zip: BELLS, TX 75414

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COFFEY, JOHN J
Address: 803 HALLOWELL CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: PALM, EUGENE M
Address: 1968 VISTA VIEW DRIVE
City-St-Zip: LAKELAND, FL 33813

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: JOHN J COFFEY MGRM 04/21/2006

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