

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010204

Entity Name: MYDAILYINSIGHTS.COM LLC

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

693 SAND ISLES CIR
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

298 SE 5TH AVE
MELROSE, FL 32666 US

Current Mailing Address:

C/O VIC JOHNSON
PO BOX 1220
MELROSE, FL 32666 US

New Mailing Address:

FEI Number: 20-1925660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, VIC
693 SAND ISLES CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

JOHNSON, VIC
298 SE 5TH AVE
MELROSE, FL 32666 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:

04/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, VIC
Address: 693 SAND ISLES CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: LEGUENEC, LISA
Address: 1304 WHITE DOVE COVE
City-St-Zip: CEDAR PARK, TX 78613 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, VIC
Address: 298 SE 5TH AVE
City-St-Zip: MELROSE, FL 32666 US

Title: MGRM (X) Change () Addition
Name: JOHNSON, LISA
Address: 298 SE 5TH AVE
City-St-Zip: MELROSE, FL 32666 US

I hereby certify that the information supplied with this filing does not qualify 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: VIC JOHNSON

MGRM

04/18/2008

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