2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2007
Secretary of State

DOCUMENT# L04000019806

Entity Name: NEW LEVEL ENTERPRISE LLC

Current Principal Place of Business:

1802 N UNIVERSITY DRIVE
102-365
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1802 N UNIVERSITY DRIVE
102-365
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-0863048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LOZIER, SHELLEY
5960 NW 14TH PLACE
SUNRISE, FL 33313 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: SHELLEY LOZIER 08/14/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LOZIER, SHELLEY
Address: 5960 NW 14 PLACE
City-St-Zip: SUNRISE, FL 33313

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LOZIER, SHELLEY
Address: 5960 NW 14TH PLACE
City-St-Zip: SUNRISE, FL 33313 US

Title: MGR ( ) Change (X) Addition
Name: LOZIER, RUTH
Address: 5960 NW 14TH PLACE
City-St-Zip: SUNRISE, FL 33313 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: SHELLEY LOZIER MGR 08/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date