2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2006
Secretary of State

DOCUMENT# L04000021331

Entity Name: YOUR MISSION ACCOMPLISHED, LLC

Current Principal Place of Business:

P.O. BOX 4567
KEY WEST, FL 33041

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4567
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 20-1253580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

HUGHES, ERICA N ESQ.
500 FLEMING STREET
KEY WEST, FL 33040 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: MGR ( ) Delete
Name: SHARKEY, CAROLANN
Address: P.O. BOX 4567
City-St-Zip: KEY WEST, FL 33041

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KEEFE, RICHARD
Address: 4228 ELAMR DRIVE- SUITE 503
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: MGR ( ) Change (X) Addition
Name: SHARKEY, CAROLANN
Address: PO BOX 4567
City-St-Zip: KEY WEST, FL 33040

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: CAROLANN SHARKEY MGR 08/05/2006

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