2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# L04000021860

Entity Name: F.A.C.T.S., SALES & SERVICE LLC.

Current Principal Place of Business:

6544 44TH ST. NORTH
SUITE 1209
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

6544 44TH ST. NORTH
SUITE 1209
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 27-0099132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ITALIANO, FRANK L
6544 44TH ST. NORTH
SUITE 1209
PINELLAS PARK, FL 33781 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:	ITALIANO, FRANK L	
Address:	6544 44TH ST NORTH	
City-St-Zip:	PINELLAS PARK, FL 33781 US	
Title:	MGRM	( ) Delete
Name:	ITALIANO, FRANK SR.	
Address:	6544 44TH ST NORTH	
City-St-Zip:	PINELLAS PARK, FL 33781 US	
Title:	MGRM	( ) Delete
Name:	PERSAUD, RONALD B	
Address:	5847 92ND AVE. NORTH	
City-St-Zip:	PINELLAS PARK, FL 33782 US	

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:	

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: FRANK L. ITALIANO MGR 02/28/2006

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