2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030089

Entity Name: INNOVATIVE SOLUTIONS OF FL, LLC

FILED May 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6239 EDGEWATER DRIVE 4833 CYPRESS WOODS DRIVE

SUITE D-10 4306

ORLANDO, FL 32810 ORLANDO, FL 32811

Current Mailing Address: New Mailing Address:

6239 EDGEWATER DR 5389 S. KIRKMAN ROAD SUITE D-10 103-127

ORLANDO, FL 32810 ORLANDO, FL 32819

FEI Number: 20-1071197 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: Name and Address of New Registered Agent:

BIRAN C HERNDON PA HUNT, LATOSHA N

800 VIRGINIA AVE 4833 CYPRESS WOODS DRIVE

38-1 4306

FORT PIERCE, FL 34982 US ORLANDO, FL 32811 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.

ADDITIONS/CHANGES:

SIGNATURE: LATOSHA N. HUNT 05/25/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Title: MGR (X) Change () Addition

City-St-Zip: CLERMONT, FL 34711 City-St-Zip: ORLANDO, FL 32811

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 HUNT, MONIKER L
 Name:

 Address:
 3203 JUANITA AVENUE
 Address:

 City-St-Zip:
 FORT PIERCE, FL 34946
 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: LATOSHA N. HUNT MGR 05/25/2006