2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031441

Entity Name: PHUNKSTOCK, LLC

FILED May 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1018 TRUMAN AVE APT#3 KEY WEST, FL 33040 **New Mailing Address: Current Mailing Address:** P O BOX 401 KEY WEST, FL 33041 FEI Number: 20-1070139 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: Name and Address of New Registered Agent: MERRITT, DANIEL B 1018 TRUMAN AVENUE APT#3 KEY WEST, FL 33040 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MERRITT, DANIEL Name: Name: 1018 TRUMAN AVENUE Address: Address: KEY WEST, FL 33040 City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DONOHUE, JOHN D Name: Name: Address: 1501 LEON STREET Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition EK, JESPER Name: Name: Address: 68 SANDS ROAD Address: City-St-Zip: BIG PINE KEY, FL 33043 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MERRITT, TIMOTHY S Name: 4425 149TH AVENUE NORTH WEST Address: Address: City-St-Zip: ANDOVER, MN 55304 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition EK, VICTOR Name: Name: POSTILJONSVAGEN 36 Address: Address: City-St-Zip: ENSKEDE, NA S-122 SE City-St-Zip: Title: MGRM () Delete Title: () Change () Addition EK. JACOB RASMUS Name: Name: Address: ROSENKALLAVAGEN 6 Address: NYKOPING, NA S-611 SE City-St-Zip: City-St-Zip:

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: DANIEL MERRITT MGRM 05/30/2007