

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033748

FILED
Apr 30, 2007
Secretary of State

Entity Name: DIRECT SUPPORT SECURITY AND MEDICAL, LLC

Current Principal Place of Business:

217 MIDVALE TERRACE
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

9611 NORTH U.S. HIGHWAY 1
343
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 11-3718577 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: CROCKER, JACOB W
Address: 217 MIDVALE TERRACE
City-St-Zip: SEBASTIAN, FL 32958

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: NEIL, VICTORIA
Address: 2724 CRYSTAL TREE DRIVE
City-St-Zip: REDDING, CA 96001

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: VICTORIA A. NEIL

AS

04/30/2007

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