2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039819

Entity Name: ALI'S INNOVATIONS, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
3401 WILLOW BRANCH LANE KISSIMMEE, FL 34741	739 WEST NEW HAVEN AVENUE MELBOURNE, FL 32901

Current Mailing Address:	**New Mailing Address:**
3401 WILLOW BRANCH LANE KISSIMMEE, FL 34741	739 WEST NEW HAVEN AVE MELBOURNE, FL 32901

FEI Number: 20-1178024   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ALI, MUNEERAH 3401 WILLOW BRANCH LANE KISSIMMEE, FL 34741 US	ALI, MUNEERAH 739 WEST NEW HAVEN AVENUE MELBOURNE, FL 32901 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: MUNEERAH ALI   04/09/2008

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	ALI, MUNEERAH	Name:	ALI, MUNEERAH
Address:	3401 WILLOW BRANCH LANE	Address:	739 WEST NEW HAVEN AVENUE
City-St-Zip:	KISSIMMEE, FL 34741	City-St-Zip:	MELBOURNE, FL 32901
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	ALI, SALEEM	Name:	ALI, SALEEM
Address:	3401 WILLOW BRANCH LANE	Address:	739 WEST NEW HAVEN AVENUE
City-St-Zip:	KISSIMMEE, FL 34741	City-St-Zip:	MELBOURNE, FL 32901

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: MUNEERAH ALI   MGRM   04/09/2008

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