2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

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Entity Name: SKY & SONZIES' P E & C, LLC

Current Principal Place of Business:

145 LAS BRISAS CIRCLE
HYPOLUXO, FL 334627016

New Principal Place of Business:

145 LAS BRISAS CIRCLE
HYPOLUXO, FL 334627016 US

Current Mailing Address:

145 LAS BRISAS CIRCLE
HYPOLUXO, FL 334627016

New Mailing Address:

145 LAS BRISAS CIRCLE
HYPOLUXO, FL 334627016 US

FEI Number: 51-0511391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: WILLIAMS, ANGELA
Address: 145 LAS BRISAS CIRCLE
City-St-Zip: HYPOLUXO, FL 334627016

Title: MGR ( ) Delete
Name: WILLIAMS, ROBERT B
Address: 145 LAS BRISAS CIRCLE
City-St-Zip: HYPOLUXO, FL 334627016

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WURPSIES' UNLIMITED, INC
Address: 145 LAS BRISAS CIRCLE
City-St-Zip: HYPOLUXO, FL 334627016

Title: MGR (X) Change ( ) Addition
Name: SONZIES' UNLIMITED I, NC
Address: 11887 54TH STREET NORTH
City-St-Zip: WEST PALM BEACH, FL 334118808 US

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: ANGELA WILLIAMS MGR 04/03/2007

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