


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000049555 1. Entity Name BOLD PLANNING SOLUTIONS LLC	
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Principal Place of Business 1116 SKLAR DRIVE EAST VENICE, FL 34293 US	Mailing Address PO BOX 1320 VENICE, FL 34284 US
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02082006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1095558	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BOWERS, CHAD
1116 SKLAR DRIVE EAST
VENICE, FL 34293**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Chad Bowers
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

3-26-2006
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**UN0000496217
04/22/06-80004-025 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWERS, CHAD 1116 SKLAR DRIVE EAST VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLD, FULTON 6715 FOREST VILLAGE WAY KNOXVILLE, TN 37919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Chad Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-26-2006 941-539-931

Date Daytime Phone #