2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# L04000050475

Entity Name: DEBT REDUCTION INTERNATIONAL, LLC

Current Principal Place of Business:

1371 HAVERHILL DRIVE
TRINITY, FL 34655

New Principal Place of Business:

1461 DAVENPORT DRIVE
TRINITY, FL 34655

Current Mailing Address:

P.O. BOX 2826
DUNEDIN, FL 34697

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISENHART, LESLIE C
1371 HAVERHILL DRIVE
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

ISENHART, LESLIE C
1461 DAVENPORT DRIVE
TRINITY, FL 34655 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: _____ 04/19/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: ISENHART, LESLIE C
Address: 1371 HAVERHILL DRIVE
City-St-Zip: TRINITY, FL 34655

Title: MGRM ( ) Delete
Name: ISENHART, REID B
Address: 1371 HAVERHILL DRIVE
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ISENHART, LESLIE C
Address: 1461 DAVENPORT DRIVE
City-St-Zip: TRINITY, FL 34655

Title: MGRM (X) Change ( ) Addition
Name: ISENHART, REID B
Address: 1461 DAVENPORT DRIVE
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LESLIE ISENHART MGT 04/19/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date