2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 10, 2006 08:00 AM Secretary of State

1. Entity Name

INNOVATIVE SAVING SOLUTIONS, L.L.C.



Principal Ptace of Business

LUTZ, FL 33549

Mailing Address

16017 NORTH FLORIDA AVENUE STE. 110 16017 NORTH FLORIDA AVENUE

STE. 110

LUTZ, FL 33549



DO NOT WRITE IN THIS SPACE

04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1452263 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

GREGORY, WILLIAM P 715 SWANN AVE TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

		1	31% 111	IO OI AOL	;
3. The above the obliga	e named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered	olfice or registered agent, or both, in t	he State of Florida. I am familiar with, ar	nd accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Ag	ent signature required when reinstating)	DATE	
F	lling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANACERS				
NAME STREET ADDRESS CITY-ST-ZIP	WRIGHT ONE INC VINCENT WRIGHT 16017 N FLORIDA AVE # 110 LUTZ, FL 33549			U00000500493 04/25/06-80023-023	50.00
HILE NAME STREET ADDRESS CITY-ST-ZIP					
THRE NAME S(REET ADDRESS CHY-S1-ZIP			DO N	OT WRITE	
ITLE NAME STREET ADDRESS CITY-ST-ZIP			IN TH	IS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
THE					}

11. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Floridal 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 808, Floridal Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

RE: WRIGHT ONE THE

6/06

813-714-9556

Daytims Phone #