

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065272

Entity Name: ZERO TO SUCCESS, LLC

FILED
Feb 24, 2006
Secretary of State

Current Principal Place of Business:

2120 58TH AVE.
STE. 159
VERO BEACH, FL 32966 US

New Principal Place of Business:

10315 102ND TERRACE
SEBASTIAN, FL 32958 US

Current Mailing Address:

2120 58TH AVE.
STE. 159
VERO BEACH, FL 32966 US

New Mailing Address:

10315 102ND TERRACE
SEBASTIAN, FL 32958 US

FEI Number: 20-1625365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, ANDREW
2120 58TH AVE.
STE. 159
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

MILES, ANDREW
10315 102ND TERRACE
SEBASTIAN, FL 32958 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:

02/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILES, ANDREW
Address: 2120 58TH AVE., STE. 159
City-St-Zip: VERO BEACH, FL 32966 US

Title: MGRM () Delete
Name: CALLOWAY BOYCE, SANYIKA
Address: 510 TOMPKINS AVE.
City-St-Zip: S. PLAINFIELD, NJ 07080 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILES, ANDREW
Address: 10315 102ND TERRACE
City-St-Zip: SEBASTIAN, FL 32958 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHYLLIS GIANNETTI

OMAN

02/24/2006

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