

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066533

FILED
May 01, 2006
Secretary of State

Entity Name: MONEY MAKER SYSTEMS, LLC

Current Principal Place of Business:

4 ELEVENTH STREET, SUITE 1
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11656
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 20-1599830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PITELL, LISA Y
4 ELEVENTH AVENUE, SUITE ONE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

SHEILA K BARFIELD AND COMPANY, PA
4400 BAYOU BLVD
SUITE 23-C
PENSACOLA, FL 32503 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: SHEILA K BARFIELD, CPA

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CUTRONE, MARCUS L JR
Address: P.O. BOX 11656
City-St-Zip: PENSACOLA, FL 32524

Title: MGR () Delete
Name: CUTRONE, TAMARA M
Address: P.O. BOX 11656
City-St-Zip: PENSACOLA, FL 32524

ADDITIONS/CHANGES:

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

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: SHEILA K BARFIELD, CPA

CPA

05/01/2006

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