2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000067808 03-26-2007 90305 033 ****50.00 1. Entity Name KREST VENTURES, LLC Principal Place of Business Mailing Address AAAKAAAA 599 SUNSET POINTE DRIVE **599 SUNSET POINTE DRIVE** LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable 20-1686948 Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELLIS, SETH E ESQ. Street Address (P.O. Box Number is Not Acceptable) SETH E. ELLIS, P.A. 2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Delete MGRM St Change ☐ Addition TITLE TITLE LEBLANC, KENNETH LeBlanc, Kenneth NAME STREET ADDRESS 599 SUNSET POINTE DRIVE STREET ADDRESS 599 Sunset Pointe Drive Lake Placid, FL 33852 LAKE PLACID, FL 33852 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME LEBLANC, RICHARD NAME 5313 CRANE HILL CT STREET ADDRESS STREET ADDRESS City-ST-ZIP SAINT CLOUD, FL 34771 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE JITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

Kenneth Leblanc

TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 26, 2007 8:00 am

Daytime Phone #