2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# L04000074234

Entity Name: CYBERNET HOSPITALITY SOLUTIONS, LLC

Current Principal Place of Business:

1419 WEST WATERS AVE., UNIT 112
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

1419 WEST WATERS AVE., UNIT 112
TAMPA, FL 33614

New Mailing Address:

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

Name and Address of Current Registered Agent:

CARSON, CINDY
1419 WEST WATERS AVE., UNIT 112
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

HATFIELD, WALLACE R
1419 WEST WATERS AVE., UNIT 112
TAMPA, FL 33614 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: WALLACE R. HATFIELD 04/29/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: MCGINNIS, MICHAEL A
Address: 400 WEST BEARSS AVENUE
City-St-Zip: TAMPA, FL 33613

Title: MGRM ( ) Delete
Name: INNOVATIVE GLOBAL EN, TERPRISES LLC
Address: 8870 N. HIMES AVE., UNITE 338
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

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

Title: MGMR (X) Change ( ) Addition
Name: INNOVATIVE GLOBAL EN, TERPRISES LLC
Address: 8870 N. HIMES AVE., UNITE 338
City-St-Zip: TAMPA, FL 33614

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: TERRY K. HATFIELD MGMR 04/29/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date