

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074664

FILED
Jul 12, 2007
Secretary of State

Entity Name: POWERHOUSE SALES TRAINERS & EVALUATORS, L.L.C.

Current Principal Place of Business:

C/O ROBERT SHUPACK, ESQ.
4800 N. FEDERAL HIGHWAY, SUITE 102-E
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT SHUPACK, ESQ.
4800 N. FEDERAL HIGHWAY, SUITE 102-E
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 38-3711233 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:

Name and Address of New Registered Agent:

SHUPACK, ROBERT ESQ
4800 N. FEDERAL HIGHWAY, SUITE 102-E
BOCA RATON, FL 33431 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOLFSON, STEPHEN W
Address: 27791 LUKE STREET
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: WOLFSON, KELLY E
Address: 27791 LUKE STREET
City-St-Zip: BONITA SPRINGS, FL 34134

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 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: KELLY WOLFON

MRS

07/12/2007

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