


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075578 1. Entity Name DR. BRAINSTORM'S, LLC	
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Principal Place of Business 2374 BELEN DRIVE DELTONA, FL 32738	Mailing Address 2374 BELEN DRIVE DELTONA, FL 32738
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01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3730249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JANNOTTI, ROMINA M 2374 BELEN DRIVE DELTONA, FL 32738

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000384906
01/17/06-80034-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JANNOTTI, ROMINA M 2374 BELEN DRIVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JANNOTTI, JOHN M 2374 BELEN DRIVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby 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.

SIGNATURE: Romina M. Jannotti / Romina M. Jannotti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/9/06

Date

386-860-1025

Daytime Phone #