2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078961

Entity Name: OUTERSAFE, LLC.

Current Principal Place of Business:	**New Principal Place of Business:**
2711 EXECUTIVE PARK DR SUITE 1 WESTON, FL 33331	318 INDIAN TRACE 705 WESTON, FL 33326

Current Mailing Address:	**New Mailing Address:**
2711 EXECUTIVE PARK DR SUITE 1 WESTON, FL 33331	318 INDIAN TRACE 705 WESTON, FL 33326

FEI Number: 04-3800894   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ESCOBAR, ALEJANDRO 2711 EXECUTIVE PARK DR SUITE 1 WESTON, FL 33331 US	ESCOBAR, ALEJANDRO 318 INDIAN TRACE 705 WESTON, FL 33326 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: _____   04/17/2008
                      Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	ESCOBAR, ALEJANDRO	Name:	ESCOBAR, ALEJANDRO
Address:	2711 EXECUTIVE PARK DR. SUITE 1	Address:	318 INDIAN TRACE # 705
City-St-Zip:	WESTON, FL 33331	City-St-Zip:	WESTON, FL 33326

Title:	MGR (X) Delete	Title:	( ) Change ( ) Addition
Name:	VELASQUEZ, CARLOS	Name:	
Address:	2711 EXECUIVE PARK DR. SUITE 1	Address:	
City-St-Zip:	WESTON, FL 33331	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: ALEJANDRO ESCOBAR _____   MGR _____   04/17/2008 _____
                      Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date