

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079517

Entity Name: FLOWING LEADS.COM LLC

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

332 SAN FERNANDO DRIVE  
#D  
DELRAY BEACH, FL 33445 US

## Current Mailing Address:

332 SAN FERNANDO DRIVE  
#D  
DELRAY BEACH, FL 33445 US

## New Principal Place of Business:

3322 SAN FERNANDO DRIVE  
#D  
DELRAY BEACH, FL 33445 US

## New Mailing Address:

3322 SAN FERNANDO DRIVE  
#D  
DELRAY BEACH, FL 33445 US

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

## Name and Address of Current Registered Agent:

HIRSCH AND COMPANY CPAS INC  
175 W CAMINO REAL  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM ( ) Delete  
Name: DAVEATIONS INC,  
Address: 3322 SAN FERNANDO DR #D  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM ( ) Delete  
Name: SPIRALINGOUTWARD INC,  
Address: 6503 N MILITARY TRAIL #600  
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM (X) Delete  
Name: PLOSKINA, THOMAS M JR  
Address: 2 ISLE OF VENICE DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

## ADDITIONS/CHANGES:

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

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 for the exemption stated in Section 119.07(3)(i), 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: DAVE GOLDSTEIN

MGRM

04/25/2005

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