2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# L04000089286

Entity Name: PERFORMANCE MANAGEMENT GUILD, LLC

Current Principal Place of Business:

735 42 AVE NE
ST PETERSBURG, FL 33703

New Principal Place of Business:

735 42ND AVE NE
ST PETERSBURG, FL 33703

Current Mailing Address:

735 42 AVE NE
ST PETERSBURG, FL 33703

New Mailing Address:

735 42ND AVE NE
ST PETERSBURG, FL 33703

FEI Number: 33-1077320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, GLEN A
735 42 AVE NE
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

WILLIAMS, GLEN A
735 42ND AVE NE
ST PETERSBURG, FL 33703 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: 01/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WILLIAMS, GLEN A
Address: 735 42 AVE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: MGR ( ) Delete
Name: LOFT-WILLIAMS, LISA
Address: 735 42 AVE NE
City-St-Zip: ST PETERSBURG, FL 3370

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILLIAMS, GLEN A
Address: 735 42ND AVE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: MGR (X) Change ( ) Addition
Name: LOFT-WILLIAMS, LISA
Address: 735 42ND AVE NE
City-St-Zip: ST PETERSBURG, FL 3370

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: GLEN A. WILLIAMS MGR 01/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date