2006 LIMITED LIABILITY COMPANY

SIGNATURE:

Apr 21, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L04000092145 1. Entity Name TRASK CONSULTING LLC Principal Place of Business Mailing Address 10025 COMMODORE DRIVE 10025 COMMODORE DRIVE SEMINOLE, FL 33776 SEMINOLE, FL 33776 04182006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0119302 Not Applicable \$5.00 Additional 5. Certificate of Status Desired п Fee Required 6. Name and Address of Current Registered Agent TRASK, DONNA M DO NOT WRITE 10025 COMMODORE DRIVE SEMINOLE, FL 33776 IN THIS SPACE 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, typed or printed name of registered agent and atte if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS MGR TITLE TRASK, DONNA M NAME STREET ADDRESS 10025 COMMODORE DRIVE COTY-ST-70P SEMINOLE, FL 33776 me NAME U00000526061 05/04/06-80058-017 50.00 STREET ADDRESS City-St-ZiP nne NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP MARKE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 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.

FILED