2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L05000001268

Entity Name: MYPLANTSWAP.COM LLC

Current Principal Place of Business:

23 ALAFAYA WOODS BLVD. #325
OVIEDO, FL 32765

New Principal Place of Business:

23 ALAFAYA WOODS BLVD. #325
OVIEDO, FL 32765 US

Current Mailing Address:

23 ALAFAYA WOODS BLVD. #325
OVIEDO, FL 32765

New Mailing Address:

23 ALAFAYA WOODS BLVD. #325
OVIEDO, FL 32765 US

FEI Number: 75-3178827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINNING, DOUG
1020 BUTLER CREEK CT.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

ZENO, VICTOR M
1020 BUTLER CREEK CT.
OVIEDO, FL 32765 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: VICTOR M. ZENO 04/18/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SINNING, DOUG
Address: 1020 BUTLER CREEK CT.
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SINNING, DOUG
Address: 1020 BUTLER CREEK CT.
City-St-Zip: OVIEDO, FL 32765 US

Title: MGR ( ) Change (X) Addition
Name: ZENO, VICTOR M
Address: 1020 BUTLER CREEK CT.
City-St-Zip: OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTOR M. ZENO MGR 04/18/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date