2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# L05000006544

Entity Name: ROMACK INNOVATIVE TECHNOLOGY, LLC

Current Principal Place of Business:

604 SW 18TH TERRACE
CAPE CORAL, FL 33991

New Principal Place of Business:

604 SW 18TH TERRACE
CAPE CORAL, FL 33991 US

Current Mailing Address:

604 SW 18TH TERRACE
CAPE CORAL, FL 33991

New Mailing Address:

604 SW 18TH TERRACE
CAPE CORAL, FL 33991 US

FEI Number: 20-2261499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ.
1185 IMMOKALEE ROAD
SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI 1185 IMMOKALEE ROAD
SUITE 110
NAPLES, FL 34110 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: JAMES R. NICI 04/10/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MCCORMACK, ROBERT
Address: 604 SW 18TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991 US

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

ADDITIONS/CHANGES:

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

Title: PVST ( ) Change (X) Addition
Name: MCCORMACK, ROBERT
Address: 604 SW 18TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991 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: ROBERT MCCORMACK MGR 04/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date