2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# L05000012717

Entity Name: CELL GROUP INTERNATIONAL LLC

Current Principal Place of Business:

111 NORTH M STREET
STE 4
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

111 NORTH M STREET
STE 4
LAKE WORTH, FL 33460

New Mailing Address:

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

Name and Address of Current Registered Agent:

EICHMAN, MATTHEW
5778 B JARRETT DR
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

EICHMAN, MATTHEW
303 GLEASON ST
DELRAY BEACH, FL 33493 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: MATHEW EICHMAN 01/17/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: EICHMAN, MATTHEW
Address: 5778 B JARRETT DR
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGR ( ) Delete
Name: EICHMAN, MARK
Address: 5764 NW 122ND WAY
City-St-Zip: PARKLAND, FL 33076 US

Title: MGR ( ) Delete
Name: LAOHASAKTHAWORN, DECHA
Address: 99 SHELDON ST 1ST FL
City-St-Zip: PROVIDENCE, RI 02906 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 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: MATHEW EICHMAN MGR 01/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date