

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012937

FILED
May 10, 2006
Secretary of State

Entity Name: XPERTEST SYSTEMS LLC

Current Principal Place of Business:

1200 CLINT MOORE RD. #12
MICHAEL KJAERULFF
BOCA RATON, FL 33487

New Principal Place of Business:

1060 HOLLAND DRIVE
3G
BOCA RATON, FL 33487

Current Mailing Address:

1200 CLINT MOORE RD. #12
MICHAEL KJAERULFF
BOCA RATON, FL 33487

New Mailing Address:

1060 HOLLAND DRIVE
3G
BOCA RATON, FL 33487

FEI Number: 65-1056426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KJAERULFF, MICHAEL
4364 MAVRICE DR.
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KJAERULFF, MICHAEL
Address: 4364 MAURICE DR
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: KJAERULFF, JOHN
Address: 9240 CLOVE POINT CIR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

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: MICHAEL KJAERULFF

PRES

05/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date