2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014569

Entity Name: IGOTBACKUP, LLC

Address:

City-St-Zip:

FILED Mar 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4774 BUTTERBOUGH AVE P.O. BOX 536242 ORLANDO, FL 32829 US ORLANDO, FL 32853 US **Current Mailing Address: New Mailing Address:** P.O. BOX 536242 ORLANDO, FL 32853 US FEI Number: 20-2325688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PLONES, VICTOR N 469 CANARY ISLAND CT ORLANDO, FL, FL 32828 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PLONES, VICTOR N Name: Name: Address: 469 CANARY ISLAND CT Address: City-St-Zip: ORLANDO, FL 32828 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WALKER, ADAM J Name: Address: 4774 BUTTERBOUGH AVE Address: City-St-Zip: ORLANDO, FL 32829 US City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition Name: COFRANCESCO, RICK Name:

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.

Address:

City-St-Zip:

142 ESTATES CIRCLE

LAKE MARY, FL 32746 US

SIGNATURE: VICTOR N PLONES MGRM 03/30/2006