2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014569

Entity Name: IGOTBACKUP, LLC

FILED Feb 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 536242 469 CANARY ISLAND CT ORLANDO, FL 32853 US ORLANDO, FL 32828 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:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PLONES, VICTOR N
 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: MGRM () Delete Title: () Change () Addition

 Name:
 COFRANCESCO, RICK
 Name:

 Address:
 142 ESTATES CIRCLE
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746 US
 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: VICTOR N PLONES MGRM 02/11/2007