2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# L05000017732

Entity Name: CONSOLIDATING SOLUTIONS INTERNATIONAL, LLC

Current Principal Place of Business:

1624 OLD DAYTONA STREET
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24
DELAND, FL 327210024

New Mailing Address:

FEI Number: 20-2341423 **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:

FIEDLER, TIMOTHY R
217 E. PLYMOUTH AVE.
FOGLE & FIEDLER, P.A.
DELAND, FL 32724 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: MGRM ( ) Delete
Name: OGLE, TIMOTHY D
Address: 3434 FLORENTINE ST
City-St-Zip: DELTONA, FL 32738

Title: MGRM ( ) Delete
Name: WALLINGTON, CHRISTOPHER
Address: 900 PRESCOTT BLVD.
City-St-Zip: DELTONA, FL 32738

Title: MGRM (X) Delete
Name: COPSON, JASON D
Address: 13 TEE STREET
City-St-Zip: DEVONSHIRE, DV DV07 BM

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WALLINGTON, CHRISTOPHER
Address: 900 PRESCOTT BLVD
City-St-Zip: DELTONA, FL 32738

Title: MGRM (X) Change ( ) Addition
Name: COPSON, JASON D
Address: 13 TEE STREET
City-St-Zip: DEVONSHIRE, DV DV07 BM

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

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER WALLINGTON MGRM 05/09/2007

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