2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000021158

Entity Name: NEW TECHNOLOGY INTEGRATORS,LC

Current Principal Place of Business:

1590 DRUID RD
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1590 DRUID RD
MAITLAND, FL 32751

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:

BRABB, JOHN H III
1120 NTH HWY 427
LONGWOOD,FL, FL 32751 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:	BRABB, JOHN H III	
Address:	1590 DRUID RD	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MGRM	( ) Delete
Name:	BRABB, PAMELA R	
Address:	1590 DRUID RD	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MGRM	(X) Delete
Name:	BRABB, HANNAH M	
Address:	1590 DRIUD RD	
City-St-Zip:	MAITLAND, FL 32751	

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 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: JOHN H BRABB III MGRM 04/30/2007

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