2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000021231

1. Entity Name TRUTHFUL WORDS LLC



FILED Apr 19, 2007 08:00 All Secretary of State

Principal Place of Business

Mailing Address

4708 STARBOARD DRIVE BRADENTON, FL 34208 4708 STARBOARD DRIVE BRADENTON, FL 34208

4208 US



04172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For
06-1746302	[Not Applicable
5. Certificate of Status Desired	\$5.0	_	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ONORIODE, TONY 902 MANATEE AVE EAST BRADENTON, FL 34208	DO NOT WRITE IN THIS SPACE		
the obligations of registered agent. SIGNATURE IDNY ONDRIDDE	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept on the State of Florida. On the State of Florida. I am familiar with, and accept on the State of Florida. I am familiar with, and accept on the State of Florida. I am familiar with, and accept on the State of Florida. I am familiar with, and accept on the State of Florida. I am familiar with, and accept on the State of Florida. I am familiar with, and accept on the State of Florida. I am familiar with, and accept on the State of Florida. I am familiar with, and accept on the State of Florida. I am familiar with, and accept on the State of Florida. I am familiar with, and accept on the State of Florida. I am familiar with, and accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar with accept on the State of Florida. I am familiar w		
Filing Fee is \$50.00 Due by May 1, 2007	,		
9. MANAGING MEMBERS/MANAGERS TITLE ' MGRM ONORIODE, SABRINA STREEI ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 TITLE MGRM NAME ONORIODE, TONY STREET ADDRESS CITY-S1-ZIP BRADENTON, FL 34208 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	IN THIS SPACE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME . STREET ADDRESS . CITY-ST-ZIP	U00000716158 04/29/07-80005-804 50.00		
11. I hereby certify that the information supplied with this filing does not qualify for indicated on this report is true and accurate and that my signature shall have limited liability company or the receiver or trustee empowered to execute this re-	the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that i am a managing member or manager of the eport as required by Chapter 608, Florida Statutes.		

ability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TUBE: Long Onor 100 (= 10NY DNDRIVDE 04.16.07 941708312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone *