

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024765

FILED
Apr 30, 2007
Secretary of State

Entity Name: ONE STOP FINANCIAL WORKSHOPS RE INVESTMENT RESOURCES LLC

Current Principal Place of Business:

P.O. BOX 706
REX, GA 30273

New Principal Place of Business:

7035 PHILLIPS HWY
SUITE 9
JACKSONVILLE, FL 32216

Current Mailing Address:

P.O. BOX 706
REX, GA 30273

New Mailing Address:

FEI Number: 35-2256351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENRIGHT, MICHAEL
3123 JOHN'S PKWY
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

RHONDA, WILLIAMS
7035 PHILLIPS HWY
SUITE 9
JACKSONVILLE, FL 32216 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: RHONDA WILLIAMS

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KELLEY, RENE'
Address: P.O. BOX 706
City-St-Zip: REX, GA 30273

Title: MGRM () Delete
Name: WRIGHT, JR., AMMIE
Address: P.O. BOX 706
City-St-Zip: REX, GA 30273 KE

Title: MGRM () Delete
Name: THOMAS, KELLEY R
Address: P.O. BOX 706
City-St-Zip: REX, GA 30273

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: MM/RENE KELLEY

MGR

04/30/2007

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