2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024765

FILED Apr 30, 2008 Secretary of State

Entity Name: ONE STOP FINANCIAL WORKSHOPS RE INVESTMENT RESOURCES LLC

Current Principal Place of Business:

New Principal Place of Business:

7035 PHILLIPS HWY

SUITE 9 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

P.O. BOX 706 REX, GA 30273

FEI Number: 35-2256351 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:

RHONDA, WILLIAMS 7035 PHILLIPS HWY SUITE 9 JACKSONVILE, 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: KELLEY, RENE' Name: KELLEY WRIGHT, RENE'

 Name:
 KELLEY, RENE
 Name:
 KELLEY WRIGHT, RI

 Address:
 P.O. BOX 706
 Address:
 P.O. BOX 706

 City-St-Zip:
 REX, GA 30273
 City-St-Zip:
 REX, GA 30273

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

 Name:
 WRIGHT, JR., AMMIE
 Name:

 Address:
 P.O. BOX 706
 Address:

 City-St-Zip:
 REX, GA 30273 KE
 City-St-Zip:

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

 Name:
 THOMAS, KELLEY R
 Name:

 Address:
 P.O. BOX 706
 Address:

 City-St-Zip:
 REX, GA 30273
 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: RENE' KELLEY WRIGHT MGR 04/30/2008