2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000024987

Entity Name: AGILITY ENTERPRISES, LLC

Current Principal Place of Business:

3204 ALTERNATE 19
PALM HARBOR, FL 34683

New Principal Place of Business:

4067 BRIAR CT
BETTENDORF, IA 52722

Current Mailing Address:

3204 ALTERNATE 19
PALM HARBOR, FL 34683

New Mailing Address:

4067 BRIAR CT
BETTENDORF, IA 52722

FEI Number: 20-2487129 **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:

PERENICH, TIMOTHY B ESQUIRE
3204 ALTERNATE 19
PALM HARBOR, FL 34683 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: PERENICH, STEPHEN M
Address: 4067 BRIAR COURT
City-St-Zip: BETTENDORF, IA 52772

Title: MGRM ( ) Delete
Name: PERENICH, TIMOTHY B
Address: 3204 ALTERNATE 19
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: PERENICH, STEPHEN M
Address: 4067 BRIAR COURT
City-St-Zip: BETTENDORF, IA 52722

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN PERENICH CEO 05/01/2006

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