

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042772

FILED
May 04, 2007
Secretary of State

Entity Name: WOLFE BROTHERS FACE ART & FX, LLC

Current Principal Place of Business:

424 EAST CENTRAL BLVD
SUITE 310
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

C/O PFP, LLC
915 DOYLE ROAD #303 SUITE 107
DELTONA, FL 32725

New Mailing Address:

FEI Number: 20-2837329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

PHELPS, RUTH H MGR
1516 FORT SMITH BLVD
DELTONA, FL 32725 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:

Title: MGRM () Delete
Name: DYNAMIX PROD. DEVELO, P. & MARKET. G R OUP LLC
Address: 915 DOYLE ROAD #303 SUITE 107
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: PFP, LLC,
Address: 915 DOYLE ROAD #303 SUITE 107
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

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: DAVID PHELPS

MGMR

05/04/2007

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