
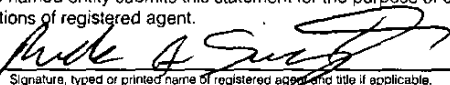


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


APPROVED  
AND  
FILED

06 MAY -5 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000045700			
1. Entity Name TRUE PROFESSIONS LLC			
Principal Place of Business 2260 FLORENCE RD. MT. DORA, FL 32757		Mailing Address 2260 FLORENCE RD. MT. DORA, FL 32757	
2. Principal Place of Business 1200 E. AIFord Rd		3. Mailing Address 1200 E. AIFord Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAVARES FL		City & State TAVARES FL	
Zip 32778	Country Lake	Zip 32778	Country Lake
6. Name and Address of Current Registered Agent SIMETZ, RICHARD 2260 FLORENCE RD. MT. DORA, FL 32757		7. Name and Address of New Registered Agent Name RICHARD A. SIMETZ Street Address (P.O. Box Number is Not Acceptable) 1200 E. AIFord Rd City TAVARES FL Zip Code 32778	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4/29/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMETZ, RICHARD 2260 FLORENCE RD. MT. DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSEPH J. WEAVER 1175 N. Bay Rd. MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edward A. Simetz 1175 N. Bay Rd. MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  4/29/06 32-225-7032  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: Date Daytime Phone #