

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000050762

Entity Name: INNOVATIVE IDEAS, LLC

FILED
Oct 18, 2007
Secretary of State

Current Principal Place of Business:

125 SOUTH STATE ROAD 7
SUITE 104-153
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

9314 FOREST HILL BLVD
SUITE 73
WELLINGTON, FL 33411

Current Mailing Address:

125 SOUTH STATE ROAD 7
SUITE 104-153
ROYAL PALM BEACH, FL 33411

New Mailing Address:

9314 FOREST HILL BLVD
SUITE 73
WELLINGTON, FL 33411

FEI Number: 20-4839221 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:

TROJA, LAURA
125 SOUTH STATE ROAD 7
SUITE 104-153
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

TROJA, LAURA
9314 FOREST HILL BLVD
SUITE 73
WELLINGTON, FL 33411 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: LAURA TROJA

10/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TROJA, LAURA
Address: 125 SOUTH STATE ROAD 7 SUITE 104-153
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TROJA, LAURA
Address: 9314 FOREST HILL BLVD SUITE 73
City-St-Zip: WELLINGTON, FL 33411

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: LAURA TROJA

MGR

10/18/2007

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