2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# L05000051326

Entity Name: ELECTRONIC BUSINESS MANAGEMENT AMERICA, LLC

Current Principal Place of Business:

3650 INVERRARY DRIVE, SUITE G2P
LAUDERHILL, FL 33319

New Principal Place of Business:

3650 INVERRARY DRIVE,
SUITE G2P
LAUDERHILL, FL 33319

Current Mailing Address:

3650 INVERRARY DRIVE, SUITE G2P
LAUDERHILL, FL 33319

New Mailing Address:

P O BOX 5843
FORT LAUDERDALE, FL 33310

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

BERNHARD SCHUTTE
3650 INVERRART DRIVE
#2-P
FORT LAUDERDALE, FL 33319 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: BERNHARD SCHUTTE 01/13/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHUTTE, BERNHARD
Address: 3650 INVERRARY DRIVE, SUITE G2P
City-St-Zip: LAUDERHILL, FL 33319

Title: ST ( ) Delete
Name: SCHUTTE, BERNHARD
Address: 3650 INVERRARY DRIVE, SUITE G2P
City-St-Zip: LAUDERHILL, FL 33319

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 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: BERNHARD SCHUTTE CEO 01/13/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date