

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066878

FILED
May 02, 2007
Secretary of State

Entity Name: TRINKETS & TREASURES, LLC

Current Principal Place of Business:

222 MAGNOLIA AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

222 MAGNOLIA AVENUE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 04-3819532 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:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

CARMONA, RAFAEL
222S. MAGNOLIA AVE.
SANFORD, FL 32771 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: RAFAEL CARMONA

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MURPHY, SHARON
Address: 988 FLORIDA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743

Title: MGRM () Delete
Name: CARMONA, RAFAEL
Address: 988 FLORIDA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MURPHY, SHARON
Address: 222S.MAGNOLIA AVE
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change () Addition
Name: CARMONA, RAFAEL
Address: 222S.MAGNOLIA AVE
City-St-Zip: SANFORD, FL 32771

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: RAFAEL CARMONA

MGRM

05/02/2007

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