



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90043 039 \*\*\*\*55.00

<b>DOCUMENT # L05000071658</b> 1. Entity Name <b>MILLION DOLLAR INVENTIONS, LLC</b>					
Principal Place of Business <b>3001 EXECUTIVE DR SUITE 350 CLEARWATER, FL 33762</b>			Mailing Address <b>3001 EXECUTIVE DR SUITE 350 CLEARWATER, FL 33762</b>		
2. Principal Place of Business <b>17115 Journeys End Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>17115 Journeys End Dr.</b> Suite, Apt. #, etc.			
City & State <b>Odessa Florida</b>		City & State <b>Odessa Florida</b>		4. FEI Number <b>20-4966198</b>	
Zip <b>33556</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CIRCOSTA, BOB 3001 EXECUTIVE DR SUITE 350 CLEARWATER, FL 33762</b>				7. Name and Address of New Registered Agent Name <b>William D. Mays</b> Street Address (P.O. Box Number is Not Acceptable) <b>17115 Journeys End Drive</b> City <b>Odessa</b> <b>FL</b> Zip Code <b>33556</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIRCOSTA, BOB 3001 EXECUTIVE DR SUITE 350 CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCINTOSH, RICHARD C 251 BLUFFVIEW DRIVE BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYS, WILLIAM D 1264 ESPINA COURT DUNEDIN, FL 34698	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: William D Mays WILLIAM D MAYS 7/17/06 727-2436-684</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					