

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072778

FILED
Jul 11, 2006
Secretary of State

Entity Name: CELL POWER BOOSTERS, LLC

Current Principal Place of Business:

10345 OSPREY TRACE
WEST PALM BEACH, FL 33412 US

New Principal Place of Business:

Current Mailing Address:

10345 OSPREY TRACE
WEST PALM BEACH, FL 33412 US

New Mailing Address:

FEI Number: 38-3725317 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CHARLES, MCNAMEE
10345 OSPREY TRACE
WEST PAM BEACH, FL 33412 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: CHARLES B. MCNAMEE

07/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUDA, PERRY H
Address: 10345 OSPREY TRACE
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: MGRM () Delete
Name: MCNAMEE, CHARLES B
Address: 2614 N. TAMiami TRAIL, #202
City-St-Zip: NAPLES, FL 34103 US

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: CHARLES B. MCNAMEE

MGRM

07/11/2006

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