2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# L05000097217

Entity Name: DISASTER SOLUTIONS, LLC

Current Principal Place of Business:

375 POSSUM PASS
W PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

375 POSSUM PASS
W PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 16-1755720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, CAROL J
375 POSSUM PASS
W PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEWIS, SCOTT P
Address: 375 POSSUM PASS
City-St-Zip: W PALM BEACH, FL 33413

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEWIS, SCOTT P
Address: 375 POSSUM PASS
City-St-Zip: W PALM BEACH, FL 33413

Title: MGRM ( ) Change (X) Addition
Name: LEWIS, CAROL J
Address: 375 POSSUM PASS
City-St-Zip: WEST PALM BEACH, FL 33413

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: CAROL J. LEWIS MGRM 04/10/2006

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