2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2007
Secretary of State

DOCUMENT# L05000098420

Entity Name: PROVISION TECHNOLOGY SOLUTIONS, LLC

Current Principal Place of Business:

3001 ALOMA AVE
SUITE 301
WINTER PARK, FL 32792 US

New Principal Place of Business:

117 E. AMELIA ST
ORLANDO, FL 32801 US

Current Mailing Address:

3001 ALOMA AVE
SUITE 301
WINTER PARK, FL 32792 US

New Mailing Address:

117 E. AMELIA ST
ORLANDO, FL 32801 US

FEI Number: 20-3578377 **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:

PHILLIPS, JOSEPH C
140 NORTH WESTMONTE DR
SUITE 204
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

PHILLIPS, JOSHUA M
117 E. AMELIA
ORLANDO, FL 32801 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: JOSHUA PHILLIPS 08/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PHILLIPS, JOSHUA M
Address: 3001 ALOMA AVE SUITE 301
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PHILLIPS, JOSHUA M
Address: 117 E. AMELIA ST
City-St-Zip: ORLANDO, FL 32801 US

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: JOSHUA PHILLIPS MGRM 08/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date