

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102042

Entity Name: JOHNS PROGRAM.COM LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

23513 ALMOND AVENUE
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

1034 GUILD STREET
PORT CHARLOTTE, FL 33952

Current Mailing Address:

23513 ALMOND AVENUE
PORT CHARLOTTE, FL 33954

New Mailing Address:

1034 GUILD STREET
PORT CHARLOTTE, FL 33952

FEI Number: 22-3917032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: WALLACE, JOHN B
Address: 23513 ALMOND AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: ST () Delete
Name: WALLACE, JOHN B
Address: 23513 ALMOND AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WALLACE, JOHN B
Address: 1034 GUILD STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ST (X) Change () Addition
Name: WALLACE, JOHN B
Address: 1034 GUILD STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

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: JOHN B. WALLACE

MGR

04/23/2007

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