2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

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Entity Name: ATTEK FINANCIAL GROUP LLC

Current Principal Place of Business:

4689 PLAYSCHOOL DR.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4689 PLAYSCHOOL DR.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-3656677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

EUGENE, STERVIL
4689 PLAYSCHOOL DR
JACKSONVILLE, FL 32210 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: EUGENE STERVIL 03/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STERVIL, EUGENE
Address: P.O. BOX 491923
City-St-Zip: FORT LAUDERDALE, FL 33349

Title: MGR ( ) Delete
Name: STERVIL, KETTA
Address: P.O. BOX 491923
City-St-Zip: FORT LAUDERDALE, FL 33349

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STERVIL, EUGENE
Address: P.O. BOX 7412
City-St-Zip: JACKSONVILLE, FL 32238

Title: MGR (X) Change ( ) Addition
Name: STERVIL, KETTA
Address: P.O. BOX 7412
City-St-Zip: JACKSONVILLE, FL 32238

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: EUGENE STERVIL PRE 03/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date