

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108917

Entity Name: FLIP BOOM CONSULTING LLC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

638 TERRACE COVE WAY
ORLANDO, FL 32828

New Principal Place of Business:

POST OFFICE BOX 780755
ORLANDO, FL 32828

Current Mailing Address:

638 TERRACE COVE WAY
ORLANDO, FL 32828

New Mailing Address:

POST OFFICE BOX 780755
ORLANDO, FL 32828

FEI Number: 20-3766939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUEZ, SARAH M
638 TERRACE COVE WAY
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

MARQUEZ, SARAH M
POST OFFICE BOX 780755
ORLANDO, FL 32828 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: SARAH MARQUEZ

04/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARQUEZ, SARAH
Address: 638 TERRACE COVE WAY
City-St-Zip: ORLANDO, FL 32828

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARQUEZ, SARAH
Address: POST OFFICE BOX 780755
City-St-Zip: ORLANDO, FL 32828

Title: MGR () Change (X) Addition
Name: HORA, CHRISTOPHER
Address: POST OFFICE BOX 780755
City-St-Zip: ORLANDO, FL 32828

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: SARAH MARQUEZ

MS

04/11/2006

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