


FILED  
May 21, 2007 8:00 am  
Secretary of State

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04-30-2007 90058 040 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L05000115436</b>			
1. Entity Name <b>STRATEGIC ALLIANCE SOLUTIONS, LLC</b>			
Principal Place of Business <b>135 WEST CENTRAL BOULEVARD, SUITE 730 ORLANDO, FL 32801</b>		Mailing Address <b>135 WEST CENTRAL BOULEVARD, SUITE 730 ORLANDO, FL 32801</b>	
2. Principal Place of Business - No P.O. Box # <b>7803 Southwood blvd</b> Suite, Apt. #, etc. <b>203</b>		3. Mailing Address <b>7803 Southwood blvd</b> Suite, Apt. #, etc. <b>203</b>	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32809</b>		Country <b>Orange</b>	
4. FEI Number <b>20-3870898</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04192007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent <b>HUTCHINS, ROBERT J 1515 INTERNATIONAL PARKWAY, SUITE 2001 LAKE MARY, FL 32746</b>		7. Name and Address of New Registered Agent <b>Wright, Brannon WP 368 Hammock Dunes Place Orlando, FL 32828</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.		DATE	
SIGNATURE <b>Brannon Wright</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR WRIGHT, BRANNON 135 WEST CENTRAL BOULEVARD, SUITE 730 ORLANDO, FL 32801</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Wright, Brannon WP 368 Hammock Dunes Place Orlando, FL 32828</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Kuykendall, Cheryl R VP 707 Ironwood Court Orlando, FL 32708</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <b>Brannon Wright</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			