
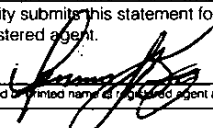
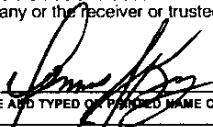


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90083 037 ****50.00

DOCUMENT # L05000115940 1. Entity Name KINGS BAY CONSULTING, LLC					
Principal Place of Business 7363 ROSETREE PLACE EAST SEMINOLE, FL 33772			Mailing Address 7363 ROSETREE PLACE EAST SEMINOLE, FL 33772		
2. Principal Place of Business - No P.O. Box # 5046 N. LUPINE TERR.		3. Mailing Address 5046 N LUPINE TERR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BEVERLY HILLS, FL		City & State BEVERLY HILLS FL		4. FEI Number 	
Zip 34465		Country CITRUS		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 34465		Country CITRUS		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, DENNIS J 7363 ROSETREE PLACE EAST SEMINOLE, FL 33772				7. Name and Address of New Registered Agent Name KING, DENNIS J. Street Address (P.O. Box Number is Not Acceptable) 5046 N LUPINE TERRACE City BEVERLY HILLS FL Zip Code 34465	
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.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) 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	MGR KING, DENNIS J 7363 ROSETREE PLACE EAST SEMINOLE, FL 33772	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, DENNIS J. 5046 N. LUPINE TERRACE BEVERLY HILLS, FLA 34465
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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:  DENNIS J. KING				4/8/07 352-270-9186	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	