2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L05000123636

Entity Name: PELICAN PEOPLE MOVERS, L.L.C.

Current Principal Place of Business:

995 STATE ROAD 434 NORTH
SUITE 306
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

995 STATE ROAD 434 NORTH
SUITE 306
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 06-1765070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALDEN, GUY DR.
995 STATE ROAD 434 NORTH
SUITE 306
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WALDEN, GUY DR.
995 STATE ROAD 434 NORTH, SUITE 306
SUITE 306
ALTAMONTE SPRINGS, FL 32714 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: 04/29/2007

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WALDEN, GUY DR.
Address: 297 BEACON POINTE DRIVE
City-St-Zip: OCOEE, FL 34761

Title: MGRM ( ) Delete
Name: WALDEN, TERESA
Address: 297 BEACON POINTE DRIVE
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WALDEN, GUY DR.
Address: 110 LANMAN ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM (X) Change ( ) Addition
Name: WALDEN, TERESA
Address: 110 LANMAN ROAD
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify 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: DR. GUY WALDEN MM 04/29/2007

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