2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# L06000007789

Entity Name: EXECUTIVE ENCLOSURES, LLC

Current Principal Place of Business:

6422 DELISA RD
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

6422 DELISA RD
MILTON, FL 32583

New Mailing Address:

FEI Number: 76-0814109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, ANTHONY K
6422 DELISA RD
MILTON, FL 32583 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WHITE, ANTHONY K
Address: 6422 DELISA RD
City-St-Zip: MILTON, FL 32583

Title: MGR ( ) Delete
Name: COLUMBUS, JUSTIN A
Address: 6252 GLENWOOD DR
City-St-Zip: MILTON, FL 32583

Title: MGR (X) Delete
Name: WHITE, JEFF P
Address: 9506 PLYMOUTH LN
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: WHITE, ANTHONY K
Address: 6422 DELISA RD
City-St-Zip: MILTON, FL 32583

Title: V PR (X) Change ( ) Addition
Name: COLUMBUS, JUSTIN A
Address: 6252 GLENWOOD DR
City-St-Zip: MILTON, FL 32583

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANTHONY KEITH WHITE PRES 03/15/2007

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