FILED
Jul 09, 2007 8:00 am
Secretary of State
04-23-2007 90371 010 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4

DOCUMENT # L06000011903

1. Entity Name
CREATIVE FORECAST, LLC

Principal Place of Business	Mailing Address
236 MARKHAM WOODS ROAD LONGWOOD,, FL 32779	236 MARKHAM WOODS ROAD LONGWOOD,, FL 32779

01052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
801 International Parkway			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
500			
City & State		City & State	
Lake Mary Florida			
Zip	Country	Zip	Country
32765	U.S.		

4. FEI Number 20-4233027 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WELCH, MICHAEL 236 MARKHAM WOODS ROAD LONGWOOD, FL 32779	Name Michael Welch (Bullz: Security) Street Address (P.O. Box Number is Not Acceptable) 801 International Parkway Suite 500 City Lake Mary FL Zip Code 32779

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 [signature] 4/17/07
Signature, typed or printed name of registered agent and title if applicable. (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	PRES WELCH, MICHAEL 236 MARKHAM WOODS ROAD LONGWOOD, FL 32779	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bullz: Security, LLC MGRM 801 International Parkway Suite 500 Lake Mary, Fl 32765	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/17/07 (407) 312-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #