2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014021

FILED
Jan 25, 2007
Secretary of State

Entity Name: THE BOARD FACTORY, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
P.O. BOX 372213 SATELLITE, FL 32937	2850 ALLEN HILL AVE MELBOURNE, FL 32940

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 372213 SATELLITE BEACH, FL 32937	P.O. BOX 372356 SATELLITE BEACH, FL 32937

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
WILLIAMS, JOSHUA 2850 ALLEN HILL AVE MELBOURNE, FL 32940 US	SIXBERRY, EDWARD 2850 ALLEN HILL AVE MELBOURNE, FL 32940 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: EDWARD SIXBERRY II   01/25/2007

             Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:	**ADDITIONS/CHANGES:**
Title: MGR ( ) Delete Name: SIXBERRY, EDWARD II Address: P.O. BOX 372213 City-St-Zip: SATELLITE BEACH, FL 32937	Title: MGR (X) Change ( ) Addition Name: SIXBERRY, EDWARD II Address: P.O. BOX 372356 City-St-Zip: SATELLITE BEACH, FL 32937
Title: MGR (X) Delete Name: WILLIAMS, JOSHUA Address: P.O. BOX 372213 City-St-Zip: SATELLITE BEACH, FL 32937	Title: Name: Address: City-St-Zip: ( ) Change ( ) Addition

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: EDWARD W SIXBERRY II   OWNE   01/25/2007

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