2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014094

Entity Name: PREPARING THE WAY, LLC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4003 CHIPPEWA CT 1231 CREEKVIEW CT

SAINT CLOUD, FL 34772 SAINT CLOUD, FL 34772 US LIS

Current Mailing Address: New Mailing Address:

4003 CHIPPEWA CT P.O. BOX 701645

SAINT CLOUD, FL 34772 US SAINT CLOUD, FL 34770 US

FEI Number: 56-2557459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, KIMBERLY D BROWN, KIMBERLY D 4003 CHÍPPEWA CT 1231 CREEKVIEW CT

SAINT CLOUD, FL 34772 US US SAINT CLOUD, FL 34772

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: 05/01/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete BROWN, KIMBERLY D BROWN, KIMBERLY D Name: Name: Address: 4003 CHIPPEWA CT Address: 1231 CREEKVIEW CT

City-St-Zip: SAINT CLOUD, FL 34772 US City-St-Zip: SAINT CLOUD, FL 34772 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: BROWN, JARROD W Name: BROWN, JARROD W Address: 4003 CHIPPEWA CT Address: 1231 CREEKVIEW CT. City-St-Zip: SAINT CLOUD, FL 34772 US City-St-Zip: SAINT CLOUD, FL 34772 US

Title: MGRM (X) Delete Title: () Change () Addition

BAKER, ROBERT O Name: Name: 1231 CREEKVIEW CT Address: Address: City-St-Zip: SAINT CLOUD, FL 34772 US City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

Name: BAKER, PAMELA A Name: Address: 1231 CREEKVIEW CT Address: City-St-Zip: SAINT CLOUD, FL 34772 City-St-Zip:

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: KIMBERLY D. BROWN **MGMR** 05/01/2008