


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90162 030 ****50.00

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1. Entity Name
VIVIAN POWERS WEB DESIGN, LLC



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Principal Place of Business Mailing Address
1821 LEGION DRIVE **1821 LEGION DRIVE**
WINTER PARK, FL 32789 **WINTER PARK, FL 32789**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
95 Spring Lake Hills Dr **95 Spring Lake Hills Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Altamonte Springs FL **Altamonte Springs FL**
 Zip Country Zip Country
32714 **Florida** **32714** **Florida**



03182007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-4280818 Not Applicable

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

6. Name and Address of Current Registered Agent
POWERS, VIVIAN
~~**1821 LEGION DRIVE**~~
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
95 Spring Lake Hills Drive
 City State Zip Code
Altamonte Springs **FL** **32714**

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 *Vivian Powers* DATE 3/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	POWERS, VIVIAN	1821 LEGION DRIVE 95 Spring Lake Hills Dr.	WINTER PARK, FL 32789 Altamonte Spgs FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Vivian Powers* Date 3/18/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE