

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022637

FILED
Apr 28, 2007
Secretary of State

Entity Name: KETTLESOFT LLC.

Current Principal Place of Business:

4605 CROSSWIND CT., APT. 3
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

4605 CROSSWIND CT., APT. 3
MELBOURNE, FL 32904

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALD, MICHAEL
4605 CROSSWIND CT., APT. 3
MELBOURNE, FL 32904 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: KLEIN, TUDOR
Address: 4605 CROSSWIND CT., APT. 3
City-St-Zip: MELBOURNE, FL 32904

Title: MGR () Delete
Name: BALD, MICHAEL
Address: 4605 CROSSWIND CT., APT. 3
City-St-Zip: MELBOURNE, FL 32904

Title: MGR () Delete
Name: PETRUSSENKO, DENIS
Address: 1000 WOODLAKE DRIVE NE, APT. 202
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: PETRUSSENKO, DENIS
Address: 300 SE CAVERN AVE
City-St-Zip: PALM BAY, FL 32904

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: MICHAEL BALD

MGR

04/28/2007

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