

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024499

FILED
Jul 13, 2007
Secretary of State

Entity Name: ENLIGHTENED INNOVATIONS, LLC

Current Principal Place of Business:

13770 CEDAR BLUFF CT.
DAVIE, FL 33325

New Principal Place of Business:

3520 NW 8TH STRET
FORT LAUDERDALE, FL 33311

Current Mailing Address:

P.O. BOX 292301
DAVIE, FL 33329

New Mailing Address:

FEI Number: 68-0624021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WIMBUSH, KLUIS J MR.
13770 CEDAR BLUFF CT.
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

WIMBUSH, KLUIS J MR.
3520 NW 8TH STREET
FORT LAUDERDALE, FL 33311 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: KLUIS WIMBUSH

07/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WIMBUSH, KLUIS J
Address: 13770 CEDAR BLUFF CT.
City-St-Zip: DAVIE, FL 33325

Title: MGRM (X) Delete
Name: REYES, ARIAN
Address: 3651 NW 83RD LANE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WIMBUSH, KLUIS J
Address: 3520 NW 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Change () Addition
Name:
Address:
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: KLUIS WIMBUSH

MGR

07/13/2007

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