

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000026035

**FILED**  
**Jan 04, 2007**  
**Secretary of State**

**Entity Name:** PAID AWARENESS EDUCATION, LLC

**Current Principal Place of Business:**

6438 BRENTWOOD DRIVE  
ZEPHYRHILLS, FL 33542 US

**New Principal Place of Business:**

12321 SILTON PEACE DRIVE  
RIVERVIEW, FL 33569 US

**Current Mailing Address:**

P.O. BOX 46693  
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number:** 20-4476878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCHANAN, STEVEN L  
6438 BRENTWOOD DRIVE  
ZEPHYRHILLS, FL 33542 US

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

BUCHANAN, STEVEN L  
12321 SILTON PEACE DRIVE  
RIVERVIEW, FL 33569 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: STEVEN L BUCHANAN

01/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BUCHANAN, STEVEN L  
Address: P. O. BOX 46693  
City-St-Zip: TAMPA, FL 33647 US

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: STEVEN L BUCHANAN

MGR

01/04/2007

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