2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# L06000036468

Entity Name: CUTTING EDGE UPHOLSTERY SOLUTIONS, LLC

Current Principal Place of Business:

1904 S. HESPERIDES STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

1904 S. HESPERIDES STREET
TAMPA, FL 33629

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:

NOLAN, MICHAEL J
201 N. FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: NOLAN, KAY P
Address: 1904 S. HESPERIDES STREET
City-St-Zip: TAMPA, FL 33629 US

Title: MGR ( ) Change (X) Addition
Name: NOLAN, MICHAEL J
Address: 1904 S. HESPERIDES STREET
City-St-Zip: TAMPA, FL 33629 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: MICHAEL J NOLAN MGR 01/10/2007

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