



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000037709</b>	
1. Entity Name <b>KINGDOM EXCHANGE, LLC</b>	

Principal Place of Business <b>11311 LITTLE RD. NEW PORT RICHEY, FL 34654 US</b>	Mailing Address <b>11311 LITTLE RD. NEW PORT RICHEY, FL 34654 US</b>
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**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-5471022</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>VON BARGEN, HEATHER 11311 LITTLE RD. NEW PORT RICHEY, FL 34654</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Heather vonBargen* *Heather vonBargen* *4/28/08*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRANDJORD, MARK 11311 LITTLE RD. NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRANDJORD, KATHY 11311 LITTLE RD. NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VON BARGEN, HEATHER 11311 LITTLE RD. NEW PORT RICHEY, FL 34654
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**DO NOT WRITE IN THIS SPACE**

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05/19/08-80010-024 138.75

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: *Heather vonBargen* *Heather vonBargen* *4/28/08* *727 869 1842*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #