2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2007
Secretary of State

DOCUMENT# L06000038174

Entity Name: SCOTT CONSULTING & IT SOLUTIONS LLC

Current Principal Place of Business:

1505 FORT CLARKE BLVD. APT. 11203
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

1505 FORT CLARKE BLVD. APT. 11203
GAINESVILLE, FL 32606

New Mailing Address:

600 ROSEWOOD AVENUE
EAST LANSING, MI 48823

FEI Number: 14-1957886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

SCOTT, KIMBERLY
1505 FORT CLARKE BLVD. APT. 11203
GAINESVILLE, FL 32606 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: MGRM ( ) Delete
Name: SCOTT, KIMBERLY
Address: 1505 FORT CLARKE BLVD. APT. 11203
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete
Name: SCOTT, BRENT
Address: 1505 FORT CLARKE BLVD. APT. 11203
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

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

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: KIMBERLY SCOTT MGMR 07/31/2007

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