

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046081

FILED
Mar 20, 2007
Secretary of State

Entity Name: NICHOLAS PERREAULT CONSULTING, LLC.

Current Principal Place of Business:

4266 MIDDLEBROOK RD
#217
ORLANDO, FL 32811 US

New Principal Place of Business:

1936 PORTCASTLE CIR
WINTER GARDEN, FL 34787 US

Current Mailing Address:

4266 MIDDLEBROOK RD
#217
ORLANDO, FL 32811 US

New Mailing Address:

1936 PORTCASTLE CIR
WINTER GARDEN, FL 34787 US

FEI Number: 20-3036622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERREAULT, NICHOLAS R MR
4266 MIDDLEBROOK RD
#217
ORLANDO, FL 32811 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: MGR () Delete
Name: PERREAULT, NICHOLAS R
Address: 4266 MIDDLEBROOK RD #217
City-St-Zip: ORLANDO, FL 32811 US

Title: MGR () Delete
Name: ROLON, NICOLE R
Address: 4266 MIDDLEBROOK RD 3217
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PERREAULT, NICHOLAS R
Address: 1936 PORTCASTLE CIR
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGR (X) Change () Addition
Name: ROLON, NICOLE R
Address: 1936 PORTCASTLE CIR
City-St-Zip: WINTER GARDEN, FL 34787 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: NICHOLAS PERREAULT

MGR

03/20/2007

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