2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # L06000050321** 1. Entity Name 04-23-2007 90356 046 ****50.00 **BURÁK CREATIVE CONSULTING GROUP LLC** Principal Place of Business Mailing Address 1961 PLAYERS PLACE 1961 PLAYERS PLACE NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 498 SW 29 +h 498 SW 29th Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number Beach FL Delray Beach Not Applicable Country US \$5.00 Additional 5. Certificate of Status Desired 33445 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Burak **BURAK, MICHAEL** Correction 1961 PLAYERS PLACE NORTH LAUDERDALE, FL 33068 Zip Code 33445 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. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR MGR TITLE ☐ Delete TITLE Change ☐ Addition Burah, Michael 4935 w 29th Ave BURAK, MICHAEL NAME NAME STREET ADDRESS 1961 PLAYERS PLACE STREET ADDRESS NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP CITY-ST-ZIP Delnam Beach Fl TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME

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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.

STREET ADDRESS CITY-ST-7IP

Michael Burah

STREET ADDRESS

CITY-ST-7IP