

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057455

FILED
Jul 05, 2007
Secretary of State

Entity Name: DISASTER RECOVERY CONSULTANTS, LLC

Current Principal Place of Business:

2982 NEEL RD
GRAND RIDGE, FL 32442 US

New Principal Place of Business:

Current Mailing Address:

2982 NEEL RD
GRAND RIDGE, FL 32442 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD.,
SUITE 400
MIAMI BEACH, FL 33139 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: BELOAT, PETE
Address: 2982 NEEL RD
City-St-Zip: GRAND RIDGE, FL 32442 US

Title: MGR () Delete
Name: NORMAN, JOSHUA
Address: 1101 WHEELIS RD
City-St-Zip: WYLIE, TX 75098

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: JOSHUA NORMAN

MGR

07/05/2007

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