2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# L06000061753

Entity Name: GLOVEGEAR LLC

Current Principal Place of Business:

707 SW MYAKKA RIVER TRACE
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

117 WEST ALDEA STREET
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

707 SW MYAKKA RIVER TRACE
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

117 WEST ALDEA STREET
PORT SAINT LUCIE, FL 34952 US

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:

THOMAS, MICHAEL W
707 SW MYAKKA RIVER TRACE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

THOMAS, MICHAEL W
117 WEST ALDEA STREET
PORT SAINT LUCIE, FL 34952 US

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: 07/05/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THOMAS, MICHAEL W
Address: 707 SW MYAKKA RIVER TRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THOMAS, MICHAEL W
Address: 117 WEST ALDEA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: MICHAEL W THOMAS MGRM 07/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date