


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # L06000066624	
1. Entity Name CARDINAL SOLUTIONS, LLC	

Principal Place of Business 6445 DUNBERRY LANE NAPLES, FL 34119	Mailing Address 6445 DUNBERRY LANE NAPLES, FL 34119
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06112007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 9210 ESTERO COMMONS PARK BLVD Suite, Apt. #, etc. SUITE 6 City & State ESTERO FL Zip 33928 Country USA	3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DANG, GURCHARN S 6445 DUNBERRY LANE NAPLES, FL 34119	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9210 ESTERO COMMONS PARK BLVD SUITE 6 City ESTERO FL Zip Code 33928
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBERS GURCHARN S. DANG 6445 DUNBERRY LANE NAPLES FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100104678001 06/22/07--01001--009 **\$50.00	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGER JAGREET K. DANG 6445 DUNBERRY LANE NAPLES FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGER JAMES R. MALONE 2640 GOLDEN GATE PARKWAY #205 NAPLES FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGER FRED N. DAVIS III 2185 BROADVIEW TERR HOLLYWOOD CA 90068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	6-7-07 239-44444 Date Daytime Phone #
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