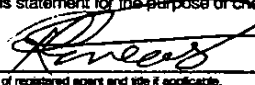
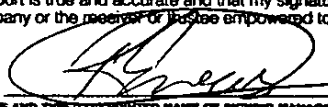


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90329 043 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                      |                                                                                                                                                                                                                       |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000067010</b><br>1. Entity Name<br><b>HIGHER LEVEL SOLUTIONS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                                                                                      |                                                                                                                                                                                                                       |                |  |
| Principal Place of Business<br><b>1194 COPPER CREEK DRIVE<br/>TALLAHASSEE, FL 32311</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                      | Mailing Address<br><b>P.O. BOX 10055<br/>TALLAHASSEE, FL 32302</b>                                                                                                                                                    |                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>7922 N Southwood Circle</b><br><small>Suite, Apt. #, etc.</small>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       | 3. Mailing Address<br><b>P.O. Box # 848096</b><br><small>Suite, Apt. #, etc.</small> |                                                                                                                                                                                                                       |                                                                                                 |  |
| City & State<br><b>Davie, FL</b><br>Zip<br><b>33328</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | City & State<br><b>Pembroke Pines, FL</b><br>Zip<br><b>33084</b>                     |                                                                                                                                                                                                                       | 4. FEI Number<br><b>22-3936967</b>                                                              |  |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | Country<br><b>USA</b>                                                                |                                                                                                                                                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ENEAS, RAYMOND D<br/>1194 COPPER CREEK DRIVE<br/>TALLAHASSEE, FL 32311</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                                                      | 7. Name and Address of New Registered Agent<br>Name <b>Raymond Eneas</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7922 N Southwood Circle</b><br>City <b>Davie</b> <b>FL</b> Zip Code <b>33328</b> |                                                                                                 |  |
| 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  DATE <b>4-30-2007</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                             |                                                                                       |                                                                                      |                                                                                                                                                                                                                       |                                                                                                 |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       | <b>Make check payable to<br/>Florida Department of State</b>                         |                                                                                                                                                                                                                       |                                                                                                 |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                      | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>ENEAS, RAYMOND D<br/>1194 COPPER CREEK DRIVE<br/>TALLAHASSEE, FL 32311</b> | <input type="checkbox"/> Delete                                                      |                                                                                                                                                                                                                       |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>ENEAS, BROOK M<br/>1194 COPPER CREEK DRIVE<br/>TALLAHASSEE, FL 32311</b>   | <input type="checkbox"/> Delete                                                      |                                                                                                                                                                                                                       |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |                                                                                                                                                                                                                       |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |                                                                                                                                                                                                                       |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |                                                                                                                                                                                                                       |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |                                                                                                                                                                                                                       |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                       | <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:  DATE <b>4-30-2007</b> 954678 3308<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                |                                                                                       |                                                                                      |                                                                                                                                                                                                                       |                                                                                                 |  |