2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# L06000067757

Entity Name: FULFILLMENT SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

1217 CAPE CORAL PARKWAY, EAST
SUITE 345
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1217 CAPE CORAL PARKWAY, EAST
SUITE 345
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-5172504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPHERD, BARRY
1217 CAPE CORAL PARKWAY, EAST
SUITE 345
CAPE CORAL, FL 33904 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: SHEPARD, BARRY
Address: 1217 CAPE CORAL PARKWAY, EAST, STE 345
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SHEPHERD, BARRY
Address: 1217 CAPE CORAL PARKWAY, EAST, STE 345
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY SHEPHERD PRES 01/10/2007

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