2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# L06000078329

Entity Name: NEW LEAF DISASTER MANAGEMENT, LLC

Current Principal Place of Business:

527 BOBWHITE COURT
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

527 BOBWHITE COURT
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 20-5261453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINGSOLVER, BRIAN D
101 CALLE DE SANTIAGO
PENSACOLA, FL 32502 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:	MGRM	( ) Delete
Name:	SIMS, DOROTHY G	
Address:	527 BOBWHITE COURT	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	MGR	( ) Delete
Name:	FREEDOM, JOHN E	
Address:	4160 BELFLOWER DRIVE	
City-St-Zip:	ALPHARETTA, GA 30005	
Title:	MGR	( ) Delete
Name:	CASSELL, LOUANN	
Address:	4160 BELFLOWER DRIVE	
City-St-Zip:	ALPHARETTA, GA 30005	
Title:	MGR	( ) Delete
Name:	GRIGOR, TODD	
Address:	102 PALM SWIFT DRIVE	
City-St-Zip:	SLIDELL, LA 70461	
Title:	MGR	( ) Delete
Name:	AKERS, JOSEPH V	
Address:	10351 WALLBRIDGE STREET	
City-St-Zip:	PENSACOLA, FL 32534	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: DOROTHY G. SIMS MGRM 04/19/2007

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