2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L06000082926

Entity Name: THIRD STRIKE, LLC

Current Principal Place of Business:

160 W. EVERGREEN AVE.
NO. 105
LONGWOOD, FL 32750 US

New Principal Place of Business:

160 W. EVERGREEN AVE.
NO. 110
LONGWOOD, FL 32750 US

Current Mailing Address:

160 W. EVERGREEN AVE.
NO. 105
LONGWOOD, FL 32750 US

New Mailing Address:

160 W. EVERGREEN AVE.
NO. 110
LONGWOOD, FL 32750 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

METCALF, LISA
160 W. EVERGREEN AVE.
NO. 105
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

METCALF, LISA
160 W. EVERGREEN AVE.
NO. 110
LONGWOOD, FL 32750 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: 04/26/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: METCALF, LISA
Address: 160 W. EVERGREEN AVE., NO. 105
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: METCALF, LISA
Address: 160 W. EVERGREEN AVE., NO. 110
City-St-Zip: LONGWOOD, FL 32750 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: LISA METCALF MGME 04/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date