2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

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Entity Name: DATA SECURITIES, LLC

Current Principal Place of Business:

1488 SEMINOLA BLVD.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1488 SEMINOLA BLVD.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-5487489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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: HERRMANN, CARRIE
Address: 4389 CAINS WREN TRAIL
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete
Name: STOUFFER, TREY
Address: 688 BROADOAK LOOP
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Delete
Name: BROADERICK, JASON
Address: 2301 LAKE DEBRA DRIVE, #123
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HERRMANN, CARRIE
Address: 48 STONE GATE SOUTH
City-St-Zip: LONGWOOD, FL 32779

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 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: CARRIE HERRMANN MGRM 04/30/2008

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