

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093810

FILED
Apr 28, 2008
Secretary of State

Entity Name: IMPRESSIVE ADVERTISING SPECIALTIES, LLC

Current Principal Place of Business:

116 W. ARBOR VITAE LANE
POLK CITY, FL 33868

New Principal Place of Business:

1209 PRICE AVENUE
AUBURNDALE, FL 33823

Current Mailing Address:

P.O. BOX 92924
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 02-0787144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, KEVIN J
116 W. ARBOR VITAE LANE
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

ROBERTS, KEVIN J
1209 PRICE AVENUE
AUBURNDALE, FL 33823 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:

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBERTS, KEVIN J
Address: 116 W. ARBOR VITAE LANE
City-St-Zip: POLK CITY, FL 33868

Title: MGRM () Delete
Name: ROBERTS, PAMELA H
Address: 116 W. ARBOR VITAE LANE
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROBERTS, KEVIN J
Address: 1209 PRICE AVENUE
City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM (X) Change () Addition
Name: ROBERTS, PAMELA H
Address: 1209 PRICE AVENUE
City-St-Zip: AUBURNDALE, FL 33823

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: KEVIN J. ROBERTS

MGR

04/28/2008

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