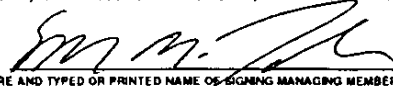


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

04-19-2007 90028 047 ****50.00

DOCUMENT # L06000098243 1. Entity Name INTEGRATED FINANCIAL STRATEGIES, L.L.C.					
Principal Place of Business 12315 ASHVILLE DR TAMPA FL 33626 US			Mailing Address 12315 ASHVILLE DR TAMPA FL 33626 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5713253	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MCPHERSON, DENVER E 12315 ASHVILLE DR TAMPA FL 33626				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCPHERSON, DENVER E 12315 ASHVILLE DR TAMPA FL 33626	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, SEAN M 24724 STATE ROAD 54 #107 LUTZ FL 33559	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 				Date 4-12-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Device Phone # 813-549-2813	