2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101007

Address:

City-St-Zip:

P.O. BOX 18042

TAMPA, FL 33679

Entity Name: CATALYST SOLUTIONS, LLC

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4302 HENDERSON BLVD., SUITE 113 116 KEY HAVEN COURT TAMPA, FL 33629 TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** P.O. BOX 18682 TAMPA, FL 33679 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASKEY, J. RICHARD 625 EAST TWIGGS ST., SUITE 102 TAMPA, FL 33606 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BROWN, CHRIS Name: Name: Address: 116 KEY HAVEN COURT Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CASKEY, J. RICHARD Name: Address: P.O. BOX 18682 Address: City-St-Zip: TAMPA, FL 33679 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SHELTON, MICHAEL Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: J. RICHARD CASKEY, MANAGING MEMBER

MGRM

04/26/2007