2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L06000101007

Entity Name: CATALYST SOLUTIONS, LLC

Current Principal Place of Business:

116 KEY HAVEN COURT
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18682
TAMPA, FL 33679

New Mailing Address:

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

Name and Address of Current Registered Agent:

CASKEY, J. RICHARD
625 EAST TWIGGS ST., SUITE 102
TAMPA, FL 33606 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: BROWN, CHRIS
Address: 116 KEY HAVEN COURT
City-St-Zip: TAMPA, FL 33606

Title: MGRM ( ) Delete
Name: CASKEY, J. RICHARD
Address: P.O. BOX 18682
City-St-Zip: TAMPA, FL 33679

Title: MGRM ( ) Delete
Name: SHELTON, MICHAEL
Address: P.O. BOX 18042
City-St-Zip: TAMPA, FL 33679

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN RICHARD CASKEY MGRM 04/25/2008

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