

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007288

FILED
Mar 24, 2008
Secretary of State

Entity Name: INFLATABLE INNOVATIONS, LLC

Current Principal Place of Business:

505 DEL SHASTA WAY
KISSIMMEE, FL 34758 US

New Principal Place of Business:

505 DEL SHASTA WAY
KISSIMMEE, FL 34741 US

Current Mailing Address:

505 DEL SHASTA WAY
KISSIMMEE, FL 34758 US

New Mailing Address:

FEI Number: 20-8295410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WILD-N-WINDY VENTURES
505 DEL SHASTA WAY
KISSIMMEE, FL 34758 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: JASON CARTER

03/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TCR ENTERPRISES TRUS, T
Address: P.O. BOX 450068
City-St-Zip: KISSIMMEE, FL 34745 US

Title: MGRM () Delete
Name: DJV SOLUTIONS TRUST,
Address: 2771 DEVIE COURT
City-St-Zip: ORLANDO, FL 32822 US

Title: MGRM () Delete
Name: LAMOMA TRUST,
Address: 10635 BELLFLOWER COURT
City-St-Zip: ORLANDO, FL 32821 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILD-N-WINDY VENTURE, S
Address: 505 DEL SHASTA WAY
City-St-Zip: KISSIMMEE, FL 34758 US

Title: MGR (X) Change () Addition
Name: TCR ENTERPRISES TRUS, T
Address: P.O. BOX 450068
City-St-Zip: KISSIMMEE, FL 34745 US

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: JASON CARTER

DIR

03/24/2008

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