2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L07000022999

Entity Name: AIR BLOW OFF TECHNOLOGIES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1740 SW ST. LUCIE WEST BLVD. SUITE 103 PORT ST. LUCIE, FL 34986	251 SW PALM #206 PORT ST. LUCIE, FL 34986
Current Mailing Address:	**New Mailing Address:**
1740 SW ST. LUCIE WEST BLVD. SUITE 103 PORT ST. LUCIE, FL 34986	251 SW PALM #206 PORT ST. LUCIE, FL 34986

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HOPKINS, WILLIAM 251 SW PALM APT.#206 PORT ST. LUCIE, FL 34986 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: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:		**ADDITIONS/CHANGES:**	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	HOPKINS, WILLIAM	Name:	
Address:	251 SW PALM APT#206	Address:	
City-St-Zip:	PORT ST. LUCIE, FL 34986	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: WILLIAM HOPKINS MGR 04/28/2008

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