2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# L07000024689

Entity Name: DIAL ENTERPRISES, LLC

Current Principal Place of Business:

831 GOLDEN POND COURT
OSPREY, FL 34229

New Principal Place of Business:

9002 WILDLIFE LOOP
SARASOTA, FL 34238

Current Mailing Address:

831 GOLDEN POND COURT
OSPREY, FL 34229

New Mailing Address:

9002 WILDLIFE LOOP
SARASOTA, FL 34238

FEI Number: 20-8601404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: ALAN H. & DIANA L. H, OUSTON LIVING T RUST
Address: 831 GOLDEN POND COURT
City-St-Zip: OSPREY, FL 34229

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOUSTON, ALAN
Address: 9002 WILDLIFE LOOP
City-St-Zip: SARASOTA, FL 34238

Title: MGRM ( ) Change (X) Addition
Name: HOUSTON, DIANA L
Address: 9002 WILDLIFE LOOP
City-St-Zip: SARASOTA, FL 34238

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: ALAN HOUSTON PRES 07/14/2008

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