2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# L07000027318

Entity Name: IPOWERUPSOFTWARE, LLC

Current Principal Place of Business:

1515 N FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

1515 N FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432 US

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:

VALENTINE, MICHAEL L
533 NE 3 RD AVE
APT 550
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

FLORIDA BUSINESS FORMATION, INC.
20 S. BROAD ST.
BROOKSVILLE, FL 34601 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: JOHN DUNBAR 03/13/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VALENTINE, MICHAEL L
Address: 533 NE 3 RD AVE # 550
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MGRM (X) Delete
Name: VALENTINE, KRISTOFER L
Address: 533 NE 3 RD AVE # 550
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VALENTINE, KRISTOFER L
Address: 1515 N. FEDERAL HIGHWAY STE 300
City-St-Zip: BOCA RATON, FL 33432 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: KRISTOFER L. VALENTINE MGR 03/13/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date