2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # L07000051938 1. Entity Name WORD UP FOUNDATION LLC					05-05-200	8 90026 002 ***1	43.75
Principal Plac	e of Business	Mailing Address				-	
4418 CROSSROADS CT.		P.O. BOX 4539			60038568		
ORLANDO, FL 32811 ORLANDO, FL 32811				1 (80)(81)			186: N. 1881
Principal Place of Business - No P.O. Box # 3. Mailing Address							
		P.O. Box 1111		I INDIADIA DIA	00111 10511 BJ 1 006H BZ	TIT BOIRT OTTOL KINID TRICE LIKET INT	1884 141 (88)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State Orlando, FI		4. FEI Numbe		* `	plied For
Zip	Country	Zip	Country United State	E Cortificata	of Status Desired	\$5.00 Add Fee Required	litional
	6. Name and Address of Curren		UMICASIAIC		Address of New F	<u> </u>	<u> </u>
Nam			Name				
IRVINE, KRISSANDRA 4418 CROSSROADS CT. ORLANDO, FL 32811			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
ONDANDO	7,1 L 32011						
			City			FL Zip Code	e
	named entity submits this statement f	or the purpose of changing its	registered office or regi	istered agent, or bot	n, in the State of Fl		and accept
the obligations of registered agent. SIGNATURE Keissandra Elaine Truine Lunandra Will 04/30/08							
		it and title if applicable. (NOT)	. Registered Agent signature reg	quired when reinstating)		DATE /	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	5	. Registered Agent signature req	quired when reinstating)	Flortd	ke check payable to a Department of State	
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 MANAGING MEMB	ERS/MANAGERS	10.	quired when reinstating)	Flortd	a Department of State /CHANGES	
9.	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 MANAGING MEMB	5	10. 111LE	quired when reinstating)	Flortd	a Department of State	Addition
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indicated on this report is true and accurate and that my 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: Lunandra lune Kaissandra Inine 04/30/08 407-936-8833
SIGNATURE: Lunandra lune Kaissandra Inine 04/30/08 407-936-8833
Designature and typed or printed name of signing managing member, manager, or authorized representative Date Designing Prone #