2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# L07000053609

Entity Name: KING OF WRAPS, LLC

Current Principal Place of Business:

4624 TOWN CROSSING DRIVE, SUITE 119
JACKSONVILLE, FL 32246

New Principal Place of Business:

1835 US 1 SOUTH
115
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

4624 TOWN CROSSING DRIVE, SUITE 119
JACKSONVILLE, FL 32246

New Mailing Address:

1835 US 1 SOUTH
115
SAINT AUGUSTINE, FL 32084

FEI Number: 20-1128401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RISCH, KRIS
12457 BETHESDA COURT
JACKSONVILLE, FL 32246 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: M ( ) Change (X) Addition
Name: RISCH, KRIS S
Address: 12457 BETHESDA COURT
City-St-Zip: JACKSONVILLE, FL 32246

Title: M ( ) Change (X) Addition
Name: LUTHER, JASON
Address: 109 CALLE NORTE
City-St-Zip: SAINT AUGUSTINE, FL 32095

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: KRIS RISCH MGR 03/19/2008

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