2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2008
Secretary of State

DOCUMENT# L07000060043

Entity Name: LISA MCCLUNG HANDS OF PRAISE LLC

Current Principal Place of Business:

833 MUIRFIELD CIR.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

3859 WEKIVA SPRINGS ROAD
#214
LONGWOOD, FL 32779

New Mailing Address:

P.O. BOX 1154
APOPKA, FL 32704

FEI Number: 26-0425383 **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:

FLORIDA INCORPORATORS, INC.
8875 HIDDON RIVER PARKWAY
STE 300
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

KELLEY, GOLDBERG, LEACH & COHN
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 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: STEPHEN COHN 05/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCCLUNG, LISA
Address: 3859 WEKIVA SPRINGS ROAD #214
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCCLUNG, LISA
Address: 833 MUIRFIELD CIRCLE
City-St-Zip: APOPKA, FL 32712

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: LISA MCCLUNG MGRM 05/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date