

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000060668

**FILED**  
**Feb 16, 2008**  
**Secretary of State****Entity Name:** MYECONTEST.COM, LLC**Current Principal Place of Business:**306 SPRINGLINE DRIVE  
NAPLES, FL 34102**New Principal Place of Business:****Current Mailing Address:**306 SPRINGLINE DRIVE  
NAPLES, FL 34102**New Mailing Address:****FEI Number:** 26-0414001**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NOVATT, JEFF M ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL.  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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: MGR ( ) Delete  
Name: FEBBO, ALBERT J  
Address: 306 SPRINGLINE DRIVE  
City-St-Zip: NAPLES, FL 34102Title: MGR (X) Delete  
Name: FEBBO, HELEN E  
Address: 306 SPRING LINE DRIVE  
City-St-Zip: NAPLES, FL 34102Title: MGR (X) Delete  
Name: KOLEAN, JENNIFER E  
Address: 5959 SCOTT CIRCLE  
City-St-Zip: CLARKSTON, MI 48348Title: MGR (X) Delete  
Name: KOLEAN, MICHAEL J  
Address: 5959 SCOTT IRCLE  
City-St-Zip: CLARKSTON, MI 48348**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: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: ALBERT J FEBBO

MGR

02/16/2008

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