

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068561

FILED
Apr 16, 2008
Secretary of State

Entity Name: POWERHOUSE FINANCIAL BROKERS, LLC

Current Principal Place of Business:

639 GENTLE BREEZE DRIVE
MINNEOLA, FL 34715

New Principal Place of Business:

2638 EAGLE LAKE DRIVE
CLERMONT, FL 34711

Current Mailing Address:

639 GENTLE BREEZE DRIVE
MINNEOLA, FL 34715

New Mailing Address:

2638 EAGLE LAKE DRIVE
CLERMONT, FL 34711

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: CURRIE, ANSON L
Address: 639 GENTLE BREEZE DRIVE
City-St-Zip: MINNEOLA, FL 34715

Title: MGR () Delete
Name: CURRIE, JOYCE E
Address: 639 GENTLE BREEZE DRIVE
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CURRIE, ANSON L
Address: 2638 EAGLE LAKE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: MGR (X) Change () Addition
Name: CURRIE, JOYCE E
Address: 2638 EAGLE LAKE DRIVE
City-St-Zip: CLERMONT, FL 34711

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: ANSON CURRIE

MGR

04/16/2008

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