## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 15, 2008 8:00 am Secretary of State **DOCUMENT # L07000106348** 04-15-2008 90106 023 \*\*\*138.75 METAL BRAIN LLC Principal Place of Business Mailing Address C/O HOLLAND & KNIGHT LLP C/O MULTI COMPANY SAS 31 AVENUE PRINCESS GRACE 1/A1, (L'ESTORIL) 701 BRICKELL AVENUE SUITE 300 MC 98000 MONTE CARLO, MONACO, MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS BOAD #221E PALM BEACH GARDENS, FL 33410 Street Address (P.O. Box Number is Not Acceptable) City Zip Codè 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138 75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE MOR X Change □ Addition NAME NAME Ivano D'Andrea STREET ADDRESS STREET ADDRESS Viale Verbano 7, Casella Postale 722 CITY-ST-ZIP CITY-ST-ZIP 6602 Muralto Switzerland TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE □ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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.

Ivano D'Andrea

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

April 17:2008

Daytime Phone #