2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107080

Entity Name: FEELSAFE, LLC

Name:

FILED Jul 18, 2008 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

240 N. WASHINGTON BLVD 2505 FRUIT TREE DRIVE SUITE 314 SUITE 101

SARASOTA, FL 34236 SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

240 N. WASHINGTON BLVD 2505 FRUIT TREE DRIVE SUITE 314 SUITE 101 SARASOTA, FL 34236 SARASOTA, FL 34239

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MECKMAN, JAN M MECKMAN, JAN M 240 N. WAŚHINGTON BLVD 2505 FRUIŤ TREE DRIVE SUITE 101 SUITE 314 SARASOTA, FL 34236 US SARASOTA, FL 34239 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.

Name:

SIGNATURE: MECKMAN 07/18/2008 Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition

DE ROO, ADRIAAN DE ROO, ADRIAAN Address: 240 N. WASHINGTON BLVD, SUITE 314 Address: 2505 FRUIT TREE DRIVE, SUITE 101

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34239

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: DE ROO 07/18/2008