2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107306

Entity Name: EEG2GO.COM, LLC

FILED Apr 14, 2008 Secretary of State

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

652 NW 173 TERRACE 905 NW 180 AVE

PEMBROKE PINES, FL 33092 PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

652 NW 173 TERRACE PO BOX 822406

PEMBROKE PINES, FL 33092 PEMBROKE PINES, FL 33082

FEI Number: 26-1383140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CABALLERO, PABLO
652 NW 173 TERRACE
CABALLERO, PABLO
905 NW 180 AVE

PEMBROKE PINES, FL 33092 US PEMBROKE PINES, FL 33029 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: 04/14/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

Name: CABALLERO, PABLO
Address: 652 NW 173 TERRACE

Name: CABALLERO, PABLO
Address: 905 NW 180 AVE

City-St-Zip: PEMBROKE PINES, FL 33092 City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: LANG, TODD Name: LANG, TODD

 Address:
 652 NW 173 TERRACE
 Address:
 905 NW 180 AVE

City-St-Zip: PEMBROKE PINES, FL 33092 City-St-Zip: PEMBROKE PINES, FL 33029

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: PABLO CABALLERO P 04/14/2008