2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L07000112111

Entity Name: BRAINSTORMSOLUTIONS LLC

Current Principal Place of Business:

168 LOOKOUT POINT DRIVE
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

168 LOOKOUT POINT DRIVE
OSPREY, FL 34229

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STORMS, WILLIAM A JR.
168 LOOKOUT POINT DRIVE
OSPREY, FL 34229 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:	MGRM	( ) Delete
Name:	STORMS, WILLIAM A JR.	
Address:	168 LOOKOUT POINT DRIVE	
City-St-Zip:	OSPREY, FL 34229	
Title:	MGRM	( ) Delete
Name:	STORMS, CLAUDIA L	
Address:	168 LOOKOUT POINT DRIVE	
City-St-Zip:	OSPREY, FL 34229	
Title:	MGRM	( ) Delete
Name:	MILLER, ANNE MARIE	
Address:	2717 SILVER KING WAY	
City-St-Zip:	SARASOTA, FL 34231	
Title:	MGRM	( ) Delete
Name:	STORMS, WILLIAM A III	
Address:	1740 KIRTLEY DRIVE	
City-St-Zip:	BRANDON, FL 33511	
Title:	MGRM	( ) Delete
Name:	STORMS, MELANIE MARIE	
Address:	1740 KIRTLEY DRIVE	
City-St-Zip:	BRANDON, FL 33511	

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:	
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: CLAUDIA L. STORMS MEMB 05/02/2008

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