2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# L07000112235

Entity Name: NEXPLODE INNOVATIONS, LLC

Current Principal Place of Business:

4541 IRENE LOOP
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4541 IRENE LOOP
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 26-1489068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDLER, CLINT
4541 IRENE LOOP
NEW PORT RICHEY, FL 34652 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: CHANDLER, CLINT
Address: 4541 IRENE LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM ( ) Delete
Name: SELLARS, AIRA-ANNE
Address: 4541 IRENE LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM ( ) Delete
Name: MCLOREN, KYLE
Address: 14833 SUNSET STREET, UNIT B
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM ( ) Delete
Name: MCLOREN, KIMBERLY
Address: 14833 SUNSET STREET, SUNIT B
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: CHANDLER, AIRA-ANNE
Address: 4541 IRENE LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM (X) Change ( ) Addition
Name: MCLOREN, KYLE
Address: 5150 FOXBRIDGE CICLE #57
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM (X) Change ( ) Addition
Name: MCLOREN, KIMBERLY
Address: 5150 FOXBRIDGE CICLE #57
City-St-Zip: CLEARWATER, FL 33760

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: CLINT CHANDLER MGRM 04/10/2008

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