2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L07000116053

Entity Name: WARP 10 VENTURES, LLC

Current Principal Place of Business:

8732 OLDHAM WAY
WEST PALM BEACH, FL 33412 US

New Principal Place of Business:

1406 W LANTANA ROAD
LANTANA, FL 33462 US

Current Mailing Address:

1544 FIELDBROOK STREET
HENDERSON, NV 89052 US

New Mailing Address:

FEI Number: 26-1426984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALPINE TITLE COMPANY
9445 SOUTHAMPTON PLACE
BOCA RATON, FL 33434 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: STRIANESE, MICHAEL
Address: 8732 OLDHAM WAY
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: MGRM ( ) Delete
Name: COFFMAN, RICHARD
Address: 8732 OLDHAM WAY
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: CERBONE, JOHN
Address: 1544 FIELDBROOK STREET
City-St-Zip: HENDERSON, NV 89052 US

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: MICHAEL STRIANESE MGRM 04/21/2008

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