2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120116

Entity Name: OLIVE TREE SOLUTIONS, LLC.

FILED May 07, 2009 Secretary of State

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

6451 NEW INDEPENDENCE PKWY WINTER GARDEN, FL 34787 US

Current Mailing Address: New Mailing Address:

6451 NEW INDEPENDENCE PKWY WINTER GARDEN, FL 34787 US

FEI Number: 26-1511213 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent:

OLIVEIRA, LIS R
2197 LAKE DEBRA DR
UNIT 216
ORLANDO, FL 32835 US
OLIVEIRA, LIS R
6451 NEW INDEPENDENCE PKWY
WINTER GARDEN, FL 34787 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: LIS R OLIVEIRA 05/07/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: OLIVEIRA, LIS R Name: OLIVEIRA, LIS R

 Name:
 OLIVEIRA, LIS R
 Name:
 OLIVEIRA, LIS R

 Address:
 2197 LAKE DEBRA DR APT 216
 Address:
 6451 NEW INDEPENDENCE PKWY

 City-St-Zip:
 ORLANDO, FL 32835 US
 City-St-Zip:
 WINTER GARDEN, FL 34787 US

() Delete Title: Title: (X) Change () Addition Name: MESTRINHO, LUIZ WAGNER O Name: MESTRINHO, LUIZ WAGNER O Address: 2197 LAKE DEBRA DR APT.216 Address: 6451 NEW INDEPENDENCE PKWY City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: WINTER GARDEN, FL 34787 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: LIS OLIVEIRA MGR 05/07/2009