

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124952

FILED  
Jun 18, 2010  
Secretary of State

Entity Name: WOLF NOVELTIES, LLC

**Current Principal Place of Business:**

224 WEST CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

915 DOYLE ROAD  
SUITE 303 - BOX 107  
DELTONA, FL 32725 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

ARTHUR GRAHAM  
444 SEABREEZE BLVD  
SUITE 1001  
DAYTONA BEACH, FL 32118 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  
Name: DYNAMIX PRODUCT DEVELOPMENT & MARKETING GR  
Address: 915 DOYLE ROAD - SUITE 303 - BOX107  
City-St-Zip: DELTONA, FL 32725 US

Title: MGR  
Name: DRAKE, DOUGLAS PRES.  
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107  
City-St-Zip: DELTONA, FL 32725

Title: MGRM  
Name: PHELPS, DAVID  
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107  
City-St-Zip: DELTONA, FL 32725

Title: MGRM  
Name: JONES, MICHAEL & RUTH  
Address: 915 DOYLE ROAD - SUITE 303 - BOX107  
City-St-Zip: DELTONA, FL 32725

Title: MGRM  
Name: FORTES, JOEY & JOHN  
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107  
City-St-Zip: DELTONA, FL 32725

I hereby 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: RUTH PHELPS

MGR

06/18/2010

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