2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILEU. DOCUMENT# L07000125877 SECRETARY OF STATE DIVISION OF CORPORATION! 1. Entity Name P2P TRANS AMERICAN, LLC 08 SEP 23 PM 1: 49 Principal Place of Business Mailing Address **424 E CENTRAL BLVD 424 E CENTRAL BLVD** #106 ORLANDO, FL 32801 ORLANDO, FL 32801 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05122008 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For City & State City & State 8-0561690 Not Applicable \$5.00 Additional Fee Required Ζiρ Country Zio Country 5. Cartificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name IMWORLD SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 424 E. CENTRAL BLVD # 106 ORLANDO, FL 32801 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Squetze, insert or printed name of repaired agent and site 4 arguments **CHOTE** Registered Agent signature required when rematating) DATE FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited tiability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. PAP INTERNATIONAL COMPANY C. MGRM Addition De Delete TITLE TITLE BAZSO, ATTILA NAME MARKE CUBA AVE, BLD. 34-20 ZHTH STREET STREET ADDRESS ERZSEBET UT 11 STREET ADDRESS PANAMA 5 REPUBLIC OF PARMHA SZERENCS, HUNGARY, HU 3900 CITY-ST-ZIP CITY-ST-7P Addition MGRM Delete TITLE TillE NAME BAZSONE, VERONIKA G MANAG BANK BAN UT 6 STREET ADDRESS STREET ADDRESS SZIGETSZENTMIKLOS, HUNGARY, HU 2310 CITY-ST-21P CITY-ST-ZIP TITLE ☐ Channe ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete tmr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP Chance ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P ☐ Addition Delete TILLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-2P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. GYALMATI ふりょうしゅ VE LOU'LA Bazedue Venouka Gramet. SIGNATURE:

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/30/2008-90009-015-\$138.75-\$138.75