2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L09000000721

Entity Name: TRUEFACS, LLC

Current Principal Place of Business:

700 BANYAN TRAIL
SUITE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

700 BANYAN TRAIL
SUITE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 26-3944730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER & O'NEILL P.L.
2300 GLADES ROAD
SUITE 400 EAST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SHATZ, SAMUEL G MGRM
700 BANYAN TRAIL
SUITE 200
BOCA RATON, FL 33431 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: SAMUEL G SHATZ 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: EDG GLOBAL, LLC
Address: 700 BANYAN TRAIL, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete
Name: PALMER, PATRICIA B
Address: 2613 PUCKETT CIRCLE
City-St-Zip: SALEM, VA 24153

Title: MGRM ( ) Delete
Name: JOHNSON, NORA J
Address: HC 30 BOX 87
City-St-Zip: CALDWELL, WV 24925

ADDITIONS/CHANGES:

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

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

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

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: SAMUEL G SHATZ MGRM 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date