2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ORGANIZACION MARKETING MIX, LLC

Current Principal Place of Business:

2819 VIA LARGO COURT
KISSIMMEE, FL 34744

New Principal Place of Business:

1633 E VINE STREEET
SUITE 106
KISSIMMEE, FL 34744

Current Mailing Address:

2819 VIA LARGO COURT
KISSIMMEE, FL 34744

New Mailing Address:

1633 E VINE STREEET
SUITE 106
KISSIMMEE, FL 34744

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

Name and Address of Current Registered Agent:

STORY, MARIA T
2819 VIA LARGO COURT
KISSIMMEE, FL 34744 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: STORY, MARIA T
Address: 2819 VIA LARGO CT
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM
Name: STORY, DANIELA
Address: 2819 VIA LARGO CT
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM
Name: STORY, MARIA A
Address: 2819 VIA LARGO CT
City-St-Zip: KISSIMMEE, FL 34744

Title: MRGM
Name: STORY, ANA M
Address: 2819 VIA LARGO CT
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM
Name: STORY, HIRAM
Address: 2819 VIA LARGO CT
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR
Name: STORY, BENJAMIN E
Address: 2819 VIA LARGO COURT
City-St-Zip: KISSIMMEE, FL 34744

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 Statues.

SIGNATURE: MARIA T STORY MGRM 04/28/2010

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