2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2011
Secretary of State

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Entity Name: INTENSEFENCE MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

303 E. ALTAMONTE DR.
SUITE 1500
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

283 CRANE'S ROOST BOULEVARD
SUITE 111
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

303 E. ALTAMONTE DR.
SUITE 1500
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

283 CRANE'S ROOST BOULEVARD
SUITE 111
ALTAMONTE SPRINGS, FL 32701

FEI Number: 27-1845818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOPOREK, ADAM S
303 E. ALTAMONTE DR.
SUITE 1500
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

TOPOREK, ADAM S
283 CRANE'S ROOST BOULEVARD
SUITE 111
ALTAMONTE SPRINGS, FL 32701 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: ADAM S TOPOREK 01/30/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TOPOREK, ADAM S
Address: 283 CRANE'S ROOST BOULEVARD, SUITE111
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ADAM S TOPOREK MGRM 01/30/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date