2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# L99000004088

Entity Name: DONE RIGHT BUSINESS SERVICES, L.L.C.

Current Principal Place of Business:

47 W WALL STREET
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 417
FROSTPROOF, FL 338430417 US

New Mailing Address:

FEI Number: 65-0933331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, FOURMAN
207 LONGVIEW ROAD
SEBRING, FL 33870 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: MGR ( ) Delete
Name: FOURMAN, THOMAS
Address: 207 LONGVIEW ROAD
City-St-Zip: SEBRING, FL 33870

Title: MGRM ( ) Delete
Name: FOURMAN, ARLIE T
Address: 207 LONGVIEW ROAD
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: FOURMAN, THOMAS
Address: 207 LONGVIEW ROAD
City-St-Zip: SEBRING, FL 33870

Title: VP (X) Change ( ) Addition
Name: FOURMAN, ARLIE T
Address: 207 LONGVIEW ROAD
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS FOURMAN PRES 01/10/2006

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