


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000006448 1. Entity Name MINDWORKS OF FLORIDA, LLC	
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Principal Place of Business 5402 BEAUMONT CENTER BLVD. SUITE # 108 TAMPA, FL 33634	Mailing Address 5402 BEAUMONT CENTER BLVD. SUITE # 108 TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE

01192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3603307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STACKHOUSE, SUSAN H
5402 BEAUMONT CENTER BLVD.
SUITE # 108
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STACKHOUSE, SUSAN H 5402 BEAUMONT CENTER BLVD. SUITE # 108 TAMPA, FL 33634
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IN THIS SPACE**

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.

SIGNATURE: *Susan H. Stackhouse* **1/26/2007** **(813) 396-3639**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SUSAN H. STACKHOUSE