

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002372

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: PROVEN METHODS SEMINARS, LLC

**Current Principal Place of Business:**

2385 EXECUTIVE CENTER DR., STE. 290  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2385 EXECUTIVE CENTER DR., STE. 290  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 36-4215049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MILIN, IRENE  
Address: 2385 EXECUTIVE CENTER DR., STE. 290  
City-St-Zip: BOCA RATON, FL 33431

Title: MGR ( ) Delete  
Name: ORLANDO, MATT  
Address: 803 WEST AVENUE  
City-St-Zip: ROCHESTER, NY 14611

Title: MGR ( ) Delete  
Name: HOPPENFELD, PETER  
Address: 32 ELM PLACE  
City-St-Zip: RYE, NY

Title: MGRM ( ) Delete  
Name: AMEN, GAIL  
Address: 2385 EXECUTIVE CENTER DR., STE. 290  
City-St-Zip: BOCA RATON, FL 33431

**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:

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: GAIL AMEN

MGRM

04/30/2007

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