

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000620

FILED
Jan 04, 2006
Secretary of State

Entity Name: PURCHASING POWER PLUS, LLC

Current Principal Place of Business:

6684 MIDSUMMER LN
SANFORD, FL 32771

New Principal Place of Business:

843 WOOD BRIAR LOOP
SANFORD, FL 32771

Current Mailing Address:

6684 MIDSUMMER LN
SANFORD, FL 32771

New Mailing Address:

5224 WEST STATE RD. 46 #337
SANFORD, FL 32771

FEI Number: 34-1846542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUCKETT, BETTY
6684 MID SUMMER LANE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

PUCKETT, BETTY
843 WOOD BRIAR LOOP
SANFORD, FL 32771 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: _____

01/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PUCKETT, BETTY
Address: 6684 MID SUMMER LANE
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: PUCKETT, GARY
Address: 6684 MIDSUMMER LN
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PUCKETT, BETTY
Address: 843 WOOD BRIAR LOOP
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change () Addition
Name: PUCKETT, GARY
Address: 843 WOOD BRIAR LOOP
City-St-Zip: SANFORD, FL 32771

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: BETTY PUCKETT

MGRM

01/04/2006

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