2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# M02000001890

Entity Name: BUYMAX, LLC

Current Principal Place of Business:

C/O CLOCKWORK, PLAZA FIVE POINTS
50 CENTRAL AVE., SUITE 920
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

%CLOCKWORK, PLAZA FIVE POINTS
50 CENTRAL AVENUE, SUITE 920
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 40-0001576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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:	MGRM	( ) Delete
Name:	CLOCKWORK HOME SERVI, CES, INC.	
Address:	50 CENTRAL AVENUE, SUITE 920	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGRM	( ) Delete
Name:	ROBINSON, MICHAEL S.	
Address:	482 GRAND OAKS DRIVE	
City-St-Zip:	BRENTWOOD, TN 37027	
Title:	P	( ) Delete
Name:	MORES, STEVEN R	
Address:	50 CENTRAL AVENUE, SUITE 920	
City-St-Zip:	SARASOTA, FL 34236	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	MORES, STEVEN R	
Address:	50 CENTRAL AVENUE, SUITE 920	
City-St-Zip:	SARASOTA, FL 34236	
Title:	CEO	(X) Change ( ) Addition
Name:	ABRAMS, JAMES D	
Address:	50 CENTRAL AVENUE, SUITE 920	
City-St-Zip:	SARASOTA, FL 34236	
Title:	CFO	( ) Change (X) Addition
Name:	GRABOWSKI, PETER C JR	
Address:	50 CENTRAL AVENUE, SUITE 920	
City-St-Zip:	SARASOTA, FL 34236	
Title:	VPS	( ) Change (X) Addition
Name:	MCCANE, KERRY D	
Address:	50 CENTRAL AVENUE, SUITE 920	
City-St-Zip:	SARASOTA, FL 34236	
Title:	AS	( ) Change (X) Addition
Name:	MILHORN, GATHA K	
Address:	50 CENTRAL AVENUE, SUITE 920	
City-St-Zip:	SARASOTA, FL 34236	

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: KERRY DELAY MCCANE VPS 04/15/2008

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