
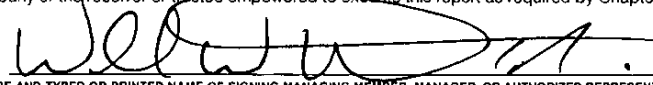


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90065 027 \*\*\*\*50.00

<b>DOCUMENT # M04000005263</b>		
1. Entity Name <b>SIM-G TECHNOLOGIES, LLC</b>		
Principal Place of Business <b>1411 K STREET NW STE. 900 WASHINGTON, DC 20005</b>		Mailing Address <b>1411 K STREET NW STE. 900 WASHINGTON, DC 20005</b>
2. Principal Place of Business - No P.O. Box # <b>1100 15th Street, NW</b>		3. Mailing Address <b>1100 15th Street, NW</b>
Suite, Apt. #, etc. <b>12th Floor</b>		Suite, Apt. #, etc. <b>12th Floor</b>
City & State <b>Washington, DC 20005</b>		City & State <b>Washington, DC 20005</b>
<b>20005</b>	Country	<b>20005</b> Country
4. FEI Number <b>71-0930332</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fec Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>JENNINGS, KEITH 6157 NW 167TH STREET STE. F8 MIAMI, FL 33015</b>		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		<b>FL</b> Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCINTOSH, MARK A 1411 K STREET NW STE. 900 WASHINGTON, DC 20005</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DAVIS, WILLIAM W CFO 1411 K STREET, NW SUITE 900 WASHINGTON, DC 20005</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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.		
<b>SIGNATURE:</b> 		<b>3/20/07 202 783 4970</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>