


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000005709 1. Entity Name ACTUARIAL DEVELOPMENT SERVICES CORPORATION, LLC	
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Principal Place of Business 2536 COUNTRYSIDE BLVD. 6TH FL CLEARWATER, FL 33763	Mailing Address 2536 COUNTRYSIDE BLVD. 6TH FL CLEARWATER, FL 33763
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DO NOT WRITE IN THIS SPACE



02092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1958564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTH, HEATHER L
 2536 COUNTRYSIDE BLVD. 6TH FL
 CLEARWATER, FL 33763

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NATIONAL DEVELOPMENT SERVICES, LLC 2536 COUNTRYSIDE BLVD. 6TH FL CLEARWATER, FL 33763
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 05/15/07-80141-014 50.00

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:  4/27/7 727-726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #