2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# M07000000406

Entity Name: POWER OF TWO ENTERPRISES, LLC

Current Principal Place of Business:

174 WATERCOLOR WAY #197
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

174 WATERCOLOR WAY #197
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-8230375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD. SUITE 101
TALLAHASSEE, FL 323012960 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: SHIFLETT, SHAWNE V
Address: 174 WATERCOLOR WAY #197
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR ( ) Delete
Name: MOORE, D. LEIGH
Address: 174 WATERCOLOR WAY #197
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

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: SHAWNE V SHIFLETT MGR 04/01/2009

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