2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 29, 2008 08:00 A Secretary of State DOCUMENT # P04000128098 LLE CONSULTING, INC. Principal Place of Business Mailing Address 2801 TAUNTON DRIVE WEST 2801 TAUNTON DRIVE WEST BRADENTON, FL 34205 BRADENTON, FL 34205 No Chg-P CR2E034 (11/05) 01162008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 34-2015816 Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent EDELEN, LAURA L DO NOT WRITE 2801 TAUNTON DRIVE WEST BRADENTON, FL 34205 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE EDELEN, LAURA L NAME U00000803620 STREET ADDRESS 2801 TAUNTON DRIVE WEST CITY-ST-ZIP BRADENTON, FL 34205 02/05/08-80033-011 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

AULA

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

RINTED NAME OF SIGNING OFFICER OR DIRECTOR