2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# P06000041436

Entity Name: LLSG SERVICES INC.

Current Principal Place of Business:

1092 SE SEAGRASS AVE.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

1092 SE SEAGRASS AVE.
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

1092 SE SEAGRASS AVE.
PORT ST. LUCIE, FL 34983

New Mailing Address:

1092 SE SEAGRASS AVE.
PORT ST. LUCIE, FL 34983 US

FEI Number: 20-4588641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E. SAMPLE RD.
POMPANO BCH, FL 33064 US

Name and Address of New Registered Agent:

DIAZ, GALDINO
1092 SE SEAGRASS AVE.
PORT ST. LUCIE, FL 34983 US

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: GALDINO DIAZ 05/14/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DIAS, GALDINO
Address: 1092 SE SEAGRASS AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete
Name: NAVARRO, FERNANDO DE C
Address: 1092 SE SEAGRASS AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D (X) Delete
Name: LACERDA, LEISSON D
Address: 1092 SE SEAGRASS AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DIAS, GALDINO
Address: 1092 SE SEAGRASS AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: D (X) Change ( ) Addition
Name: COSTA, RONAIR A
Address: 1092 SE SEAGRASS AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALDINO DIAZ PD 05/14/2007
Electronic Signature of Signing Officer or Director Date