

No. <b>W 70647</b>	<b>Due no later than Jan 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> FULL CIRCLE FINANCIAL SERVICES, LLC MANOJ MATAI 111 N BELCHER RD #204 CLEARWATER FL 33765		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 USA			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	DEEPAK KOHLI	111 N BELCHER RD #204	CLEARWATER	FL	USA	33765
5. Organized Under the Laws of:  <b>FL</b> <b>W 70647</b>		6. Annual Report must be signed.* Signature: Lisa Bowes Name (type or print): Lisa Bowes Date: 11/16/2009 Title: Licensing Specialist				
Processed 11/16/2009		* Electronically provided signatures are accepted as original signatures.				