2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003392

Name:

Address:

City-St-Zip:

16348 AZTEC RIDGE ROAD

LOS GATOS, CA 95030

Entity Name: BLAST DEFLECTORS, INC.

FILED Jaņ 03, 2<u>00</u>8 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5595 EQUITY AVE., SUITE 650 RENO, NV 89502 **Current Mailing Address: New Mailing Address:** 5595 EQUITY AVE., SUITE 650 RENO, NV 89502 FEI Number: 94-6091026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: () Change () Addition LYNN, CHRISTOPHER G Name: Name: 5835 STRASBOURG CT. Address: Address: RENO, NV 89511 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: LYNN, CHRISTOPHER G Name: 5835 STRASBOURG CT. Address: Address: RENO, NV 89511 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BOE, MARK Name: Name: 5595 EQUITY AVE., STE 600 Address: Address: City-St-Zip: RENO, NV 89502 City-St-Zip: Title: () Delete Title: (X) Change () Addition LYNN, WHITNEY G LYNN, WHITNEY G

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.

Name:

Address:

City-St-Zip:

1649 ABBOTSBURY ST

LAKE SHERWOOD, CA 91361

Ρ SIGNATURE: MARK BOE 01/03/2008