

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001808

FILED  
Jul 21, 2008  
Secretary of State

Entity Name: POINT BLANK SOLUTIONS, INC.

## Current Principal Place of Business:

2102 SW 2ND STREET  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

## Current Mailing Address:

2102 SW 2ND STREET  
POMPANO BEACH, FL 33069

## New Mailing Address:

FEI Number: 11-3129361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIEMER, JOHN C  
2102 SW 2ND STREET  
POMPANO BEACH, FL 33069 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SIEMER, JOHN C  
Address: 2102 SW 2ND STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: C ( ) Delete  
Name: CAMPBELL, WILLIAM  
Address: 2102 SW 2ND STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: BERNDT, MARTIN R  
Address: 2102 SW 2ND STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: ELLIS, LARRY  
Address: 2102 SW 2ND STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: HANNIGAN, MAURICE J  
Address: 2102 SW 2ND STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: HENRY, JACK A  
Address: 1121 E. MISSOURI AVENUE, SUITE 222  
City-St-Zip: PHOENIX, AZ 85014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: JAMES ANDERSON

CFO

07/21/2008

Electronic Signature of Signing Officer or Director

Date