

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001808

FILED
Apr 15, 2009
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: MICHELLE DOERY

CFO

04/15/2009

Electronic Signature of Signing Officer or Director

Date