2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2012
Secretary of State

DOCUMENT# F10000005116

Entity Name: SURVITEC SURVIVAL PRODUCTS, INC.

Current Principal Place of Business:

5323 HIGHWAY AVENUE
JACKSONVILLE, FL 32254

New Principal Place of Business:

11070 CABOT COMMERCE CIRCLE
BLDG 3 SUITE 100
JACKSONVILLE, FL 32226

Current Mailing Address:

5323 HIGHWAY AVENUE
JACKSONVILLE, FL 32254

New Mailing Address:

11070 CABOT COMMERCE CIRCLE
BLDG 3 SUITE 100
JACKSONVILLE, FL 32226

FEI Number: 37-1614628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PD
Name: BAXTER, DOUGLAS J
Address: 11070 CABOT COMMERCE CIRCLE, BLD 3 STE100
City-St-Zip: JACKSONVILLE, FL 32226

Title: STD
Name: WILMAN, DAVID J
Address: 11070 CABOT COMMERCE CIRCLE, BLD 3 STE100
City-St-Zip: JACKSONVILLE, FL 32226

Title: VPD
Name: STRINGER, BRIAN M
Address: 11070 CABOT COMMERCE CIRCLE, BLD 3 STE100
City-St-Zip: JACKSONVILLE, FL 32226

I hereby 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 all other like empowered.

SIGNATURE: DAVID J WILMAN STD 01/31/2012

Electronic Signature of Signing Officer or Director — Date