

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004312

FILED
Aug 04, 2005
Secretary of State

Entity Name: POINT BLANK BODY ARMOR INC.

Current Principal Place of Business:

2102 SW 2ND STREET
POMPANO BEACH, FL 33069

New Principal Place of Business:

2102 SW 2ND STREET
POMPANO BEACH, FL 33069 US

Current Mailing Address:

2102 SW 2ND STREET
POMPANO BEACH, FL 33069

New Mailing Address:

2102 SW 2ND STREET
POMPANO BEACH, FL 33069 US

FEI Number: 74-2764044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HATFIELD, SANDRA
4031 NE 12TH TERRACE
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

HATFIELD, SANDRA
2102 SW 2ND STREET
POMPANO BEACH, FL 33069 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: SANDRA HATFIELD

08/04/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BROOKS, DAVID
Address: 20 RED GROUND RD.
City-St-Zip: OLD WESTBURY, NY 11568

Title: D () Delete
Name: SCHLEGEL, DAWN
Address: 4031 NE 12TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BROOKS, DAVID
Address: 400 POST AVE SUITE 303
City-St-Zip: WESTBURY, NY 11590 US

Title: CFO (X) Change () Addition
Name: SCHLEGEL, DAWN
Address: 400 POST AVE SUITE 303
City-St-Zip: WESTBURY, NY 11590 US

Title: COO () Change (X) Addition
Name: SANDRA, HATFIELD
Address: 2102 SW 2ND STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DUANE MARKER

CONT

08/04/2005

Electronic Signature of Signing Officer or Director

Date