FOR PROFIT CORPORATION

8/10/2006-90001-006-$150.00-$150.00

DOCUMENT # K40304

1. Entity Name

DEFENDER ELECTRONIC SYSTEMS, INC.

FILED
07 JAN 24 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~3918 HENRY ROWELL ROAD~~ ~~PLANT CITY FL 33567~~ US	P.O. BOX 786 DURANT FL 33530-0786 US

REINSTATEMENT 1st MOORE CR2E034 (10/05) 06-07

2. Principal Place of Business	3. Mailing Address
613 SANDALWOOD DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANT City	City & State
Zip: 33563-8917 Country: USA	Zip / Country

4. FEI Number: 59-2912810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROWELL, DONALD C ~~3918 HENRY ROWELL ROAD~~ ~~PLANT CITY FL 33567~~	Name Street Address (P.O. Box Number is Not Acceptable): 613 SANDALWOOD DR City: PLANT City FL Zip Code: 33563

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Donald C Rowell — Donald C. Rowell — 8-5-06
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS ROWELL, DONALD C. 3918 HENRY ROWELL RD PLANT CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROWELL, M. SHARON 3918 HENRY ROWELL RD PLANT CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700086690727 01/30/07--01028--010 **750.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Donald C Rowell — Donald C. Rowell — 8-5-06 — 813 884-5869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #