2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# L00000000785

Entity Name: PRECISION AMMUNITION, LLC

Current Principal Place of Business:

5402 E. DIANA ST.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5402 E. DIANA ST.
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3627145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWERS, DANIEL L
5402 E. DIANA ST.
TAMPA, FL 33610 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: D&M HOLDING CORP LLC,
Address: 5402 E. DIANA ST.
City-St-Zip: TAMPA, FL 33610 US

Title: MGRM ( ) Delete
Name: APPOLLO EQUIPMENT CO, RPORATION
Address: 648 GILLETE AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGRM ( ) Delete
Name: C&K MARSHALL ENTERPR, ISES, LTD.
Address: 16312 VILLARREAL DE AVILA
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: D&M HOLDING COMPANY,, LLC
Address: 5402 E. DIANA ST.
City-St-Zip: TAMPA, FL 33610 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DANIEL L. POWERS, JR. MGRM 02/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date