


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State


04-23-2007 90375 017 ****50.00

DOCUMENT # L02000000023 1. Entity Name PYROTECNICO OF FLORIDA, LLC	
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Principal Place of Business 30435 COMMERCE DR UNIT 102, SUITES J & L SAN ANTONIO, FL 33576	Mailing Address PO BOX 310 NEW CASTLE, PA 16103
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DO NOT WRITE IN THIS SPACE

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03082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3761165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent REITANORD, CHRISTOPHER 17204 AKINS DRIVE SPRING HILL, FL 34610	DO NOT WRITE IN THIS SPACE
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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.

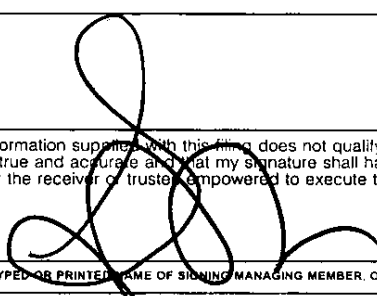
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 ✓
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM S. VITALE PYROTECNIC INDUSTRIES, INC. PO BOX 149 NEW CASTLE, PA 16101
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **4-17-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #