

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033487

FILED
May 31, 2006
Secretary of State

Entity Name: INTERNATIONAL DEFENCE ASSOCIATES LLC

Current Principal Place of Business:

CAUNDLE BROOK COTTAGE
CAUNDLE MARSH, SHERBORNE
DORSET, UK dt9 5jt

New Principal Place of Business:

CAUNDLE BROOK COTTAGE
CAUNDLE MARSH, SHERBORNE
DORSET, UK DT9 5JT XX

Current Mailing Address:

1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: MCDONALD-JOYCE, DAVID
Address: CAUNDE BROOK COTTAGE CAUNDLE MARSH
City-St-Zip: SHERBORNE, DORSET UK,

Title: MGR (X) Change () Addition
Name: MCDONALD-JOYCE, DAVID
Address: CAUNDE BROOK COTTAGE CAUNDLE MARSH
City-St-Zip: SHERBORNE, DORSET, XX DT95JT UK

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET M. CARUCCIO, ON BEHALF OF MANAGER MGRM 05/31/2006

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