2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000002857

1. Entity Name
INNOVATIVE PROTECTIVE PRODUCTS, LLC

Principal Place of Business	Mailing Address
1420 COMMERCE PARK DR. TIPP CITY, OH 45371	1420 COMMERCE PARK DR. TIPP CITY, OH 45371

DO NOT WRITE IN THIS SPACE

02272006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
36-4519698	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WENRICK, BRIAN
742 NE JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

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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)_

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

X DATE 4-13-06

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WENRICK, BRIAN
STREET ADDRESS	1414 COMMERCE PARK DR
CITY-ST-ZIP	TIPP CITY, OH 45371
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/02/06 -80036-005 50.00

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11. I hereby certify that the information supplied 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: _(signature)_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

X 4-13-06
Date   Daytime Phone #