

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009384

FILED
Apr 27, 2004
Secretary of State

Entity Name: AMERICA'S DEFENSE FORCE LLC.,

Current Principal Place of Business:

7300 BEACON HILL LOOP
3
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 680157
ORLANDO, FL 32868 US

New Mailing Address:

FEI Number: 41-2085726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, MARLON A
7300 BEACON HILL LOOP
3
ORLANDO, FL 32818, US 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: COLLINS, MARLON A MGRM
Address: 7300 BEACON HILL LOOP #3
City-St-Zip: ORLANDO, FL 32818

Title: MGRM () Change (X) Addition
Name: CHAMBERS-COLLINS, SANDRA J MGRM
Address: 7300 BEACON HILL LOOP #3
City-St-Zip: ORLANDO, FL 32818

Title: MGRM () Change (X) Addition
Name: COLLINS, RICARDO O MGRM
Address: 7300 BEACON HILL LOOP #3
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA J. CHAMBERS-COLLINS

MGRM

04/27/2004

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