

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027105

Entity Name: AMBER ALERT KIT, LLC

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

2491 NW TIMBERCREEK CIR.
BOCA RATON, FL 33431

New Principal Place of Business:

2491 NW TIMBERCREEK CIRCLE
BOCA RATON, FL 33431

Current Mailing Address:

2491 NW TIMBERCREEK CIR.
BOCA RATON, FL 33431

New Mailing Address:

2491 NW TIMBERCREEK CIRCLE
BOCA RATON, FL 33431

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABEL, CRIAG J
2491 NW TIMBERCREEK CIRCLE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

FABEL, CRAIG J
2491 NW TIMBERCREEK CIRCLE
BOCA RATON, FL 33431 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: CRAIG FABEL

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FABEL, CRIAG
Address: 2491 NW TIMBERCREEK CIRCLE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FABEL, CRAIG
Address: 2491 NW TIMBERCREEK CIRCLE
City-St-Zip: BOCA RATON, FL 33431

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: CRAIG FABEL

MGR

04/30/2005

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