

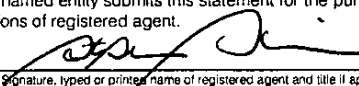



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90075 040 ****55.00

DOCUMENT # L04000036301 1. Entity Name ARMOR WORLD, LLC					
Principal Place of Business 1157 SAWGRASS PARKWAY SUNRISE, FL 33323			Mailing Address 1157 SAWGRASS PARKWAY SUNRISE, FL 33323		
2. Principal Place of Business 530 Sawgrass Corp Pkwy Suite, Apt. #, etc.		3. Mailing Address 530 Sawgrass Corp Pkwy Suite, Apt. #, etc.		20034911 	
City & State Sunrise, FL Zip 33325		City & State Sunrise, FL Zip 33325		Country USA	
4. FEI Number 16-1699998		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		02192005 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BOULEVARD, STE. 1000 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Stephen Giordanella Street Address (P.O. Box Number is Not Acceptable) 530 Sawgrass Corporate Parkway City Sunrise FL Zip Code 33325		
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  DATE 3/10/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 			Date 3/10/05 Daytime Phone # (954) 8468222		