2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067885

Entity Name: INNER ARMOUR, LLC

Current Principal Place of Business:

5607 DEANVILLE CT

FILED May 12, 2008 Secretary of State

CAPE CORAL, FL 33904 US **Current Mailing Address: New Mailing Address:** PO BOX 380601 EAST HARTFORD, CT 061380601 US FEI Number: 76-0766972 FEI Number Applied For () FEI Number Not Applicable () 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: MORIN, MARGUERITA L 5607 DÉANVILLE CT CAPE CORAL, FL 33904 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: () Delete (X) Change () Addition FITCH, BRIAN MORIN, JOHN Name: Name:

Address: 44 TREAT RD City-St-Zip: GLASTONBURY, CT 06033 US Title: () Delete IMPELLUSE, ROBERT Name: Address: 804 BRIARWOOD CT ROCKY HILL, CT 06067 US City-St-Zip:

Title: () Delete MORIN, MARGUERITA Name: 5607 DEAUVILLE CT Address: City-St-Zip: CAPE CORAL, FL 33904

() Delete Title: V Name: ALDEN, RIO 1130 GOLDEN OLIVE Address: City-St-Zip: SANIBEL, FL 33957

Title: CEO (X) Delete MORIN, JOHN Y Name: 1130 GOLDEN OLIVE Address: City-St-Zip: SANIBEL, FL 33957

7 COVE LANDING City-St-Zip: OLD SAYBROOK, CT 06475 US

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(X) Change () Addition MORIN, MARGUERITE Name: 5607 DEAUVILLE CT Address: City-St-Zip: CAPE CORAL, FL 33904

ALDEN, RID

New Principal Place of Business:

Title: AS (X) Change () Addition

Name: LAGACE, DIANE 7 COVE LANDING Address:

City-St-Zip: OLD SAYBROOK, CT 06475

Title: Name: Address: City-St-Zip:

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DIANE LAGACE 05/12/2008