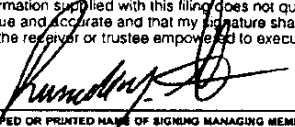


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-09-2006 90115 001 ***150.00

DOCUMENT # L05000050233			
1. Entity Name KINETIC COMPOSITES, LLC			
Principal Place of Business 96 WILLARD STREET SUITE 302 COCOA, FL 32922 US		Mailing Address 96 WILLARD STREET SUITE 302 COCOA, FL 32922 US	
2. Principal Place of Business 6000 Holiday Rd Suite, Apt. #, etc.		3. Mailing Address 6000 Holiday Rd Suite, Apt. #, etc.	
City & State Buford GA		City & State Buford GA	
Zip 30518	Country	Zip 30518	Country
6. Name and Address of Current Registered Agent PRESNICK, DAVID M 96 WILLARD STREET SUITE 302 COCOA, FL 32922		7. Name and Address of New Registered Agent Name: David M. Presnick Street Address (P.O. Box Number is Not Acceptable): 96 Willard Street Suite 202 City: Cocoa FL Zip Code: 32922	
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 _____ (NOTE: Registered Agent signature required when reconstituting)			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, RUSSELL M 28 SKYLINE ROAD SMITH'S PARRISH, NA-NATL06 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000 HOLIDAY ROAD BUFORD GEORGIA 30518 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONSSON, NICLAS 3623 LOST OAK DRIVE BUFORD, GA 30519 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONSSON, NICLAS ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATHAN, MCBRIDE 362 HILLCREST DRIVE RENO, NV 89509 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date: 7/17/06	Daytime Phone #: (770) 271-1577