FILED
Aug 28, 2006 8:00 am
Secretary of State
08-09-2006 90115 001 ***150.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000050233

1. Entity Name
KINETIC COMPOSITES, LLC

Principal Place of Business	Mailing Address
96 WILLARD STREET SUITE 302 COCOA, FL 32922 US	96 WILLARD STREET SUITE 302 COCOA, FL 32922 US

07062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
6000 Holiday Rd Suite, Apt. #, etc.	6000 Holiday Rd Suite, Apt. #, etc.
City & State: Buford GA	City & State: Buford GA
Zip: 30518 Country:	Zip: 30518 Country:

4. FEI Number: 86-1165878 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRESNICK, DAVID M 96 WILLARD STREET SUITE 302 COCOA, FL 32922	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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-NA FL06	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 6000 HOLIDAY ROAD BUFORD GEORGIA 30518
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JOHSSON, NICLAS 3623 LOST OAK DRIVE BUFORD, GA 30519	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition JONSSON, NICLAS
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: _____ 7/17/06 (770 271 1577)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #