2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006
Secretary of State

DOCUMENT# L05000058244

Entity Name: STORM DEFENSE SYSTEMS LLC

Current Principal Place of Business:

PO BOX 994
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

PO BOX 994
ELLENTON, FL 34222

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

WINCHELL, PAULA A
4608 NOBLE PLACE
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: WINCHELL, PAULA A
Address: PO BOX 994
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULA A. WINCHELL MGRM 05/30/2006

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