2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

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Entity Name: JETTIS TECHNOLOGIES, LLC

Current Principal Place of Business:

350 JIM MORAN BLVD., SUITE 101
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

350 JIM MORAN BLVD., SUITE 101
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-0868566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAHAN, RICHARD J.A. ESQ
BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES, FL 33134 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: MGR ( ) Delete
Name: PETERSON, DAVID J
Address: 350 JIM MORAN BLVD SUITE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR ( ) Delete
Name: WILLIAMS, KENNETH H
Address: 350 JIM MORAN BLVD SUITE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: CONT ( ) Change (X) Addition
Name: BLITZ, STUART
Address: 350 JIM MORAN BLVD #101
City-St-Zip: DEERFIELD BEACH, FL 33442

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: STUART BLITZ CONT 03/02/2009

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