2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092891

Entity Name: HYBRID TECHNICAL SOLUTIONS, LLC

FILED Feb 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1976 GINA LANE 3593 CAGNEY DRIVE

TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32309 US US

Current Mailing Address: New Mailing Address:

PO BOX 647

TALLAHASSEE, FL 32302 US

FEI Number: 20-3517122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWCOMBE, CHRISTOPHER A NEWCOMBE, CHRISTOPHER A 3593 CAGNEY DRIVE 1976 GINA LÁNE

TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32309 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: 02/11/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition NEWCOMBE, CHRISTOPHER A NEWCOMBE, CHRISTOPHER A Name: Name:

Address: 1976 GINA LANE Address: 3593 CAGNEY DRIVE City-St-Zip: TALLAHASSEE, FL 32303 US City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGR () Delete Title: () Change () Addition

Name: NILSON, JONATHAN C Name: Address: 6593 MAN O WAR TRAIL Address: City-St-Zip: TALLAHASSEE, FL 32309 US 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: CHRISTOPHER NEWCOMBE 02/11/2008