

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030608

FILED
Apr 23, 2009
Secretary of State

Entity Name: FORCEFIELD HURRICANE PROTECTION SYSTEMS INTERNATIONAL, LLC

Current Principal Place of Business:

1931 TAMIAMI TRAIL, SUITE 5
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

C/O DAVID A. HOLMES
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 20-5863740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: BOWERS, HARRIS
Address: 1931 TAMIAMI TRAIL SUITE 5
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: MGR () Delete
Name: ALBRITTEN, KEVIN
Address: 1931 TAMIAMI TRAIL, SUITE 5
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
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: HARRIS BOWERS

MGR

04/23/2009

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