

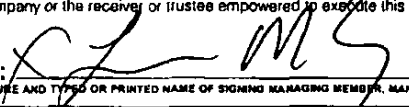
FILED
May 25, 2007 8:00 am
Secretary of State

04-25-2007 90044 011 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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30008873

DOCUMENT # L06000043624			
1. Entity Name EXPLOSIVE PERFORMANCE SYSTEMS, LLC			
Principal Place of Business 1000 HOLLAND DRIVE SUITE 6 BOCA RATON, FL 33487 US		Mailing Address 1000 HOLLAND DRIVE SUITE 6 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 204818137		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSLEY, LANCE D 1000 HOLLAND DRIVE SUITE 6 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when re-appointing) DATE: _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM MOSLEY, LANCE D 1000 HOLLAND DRIVE, SUITE 6 BOCA RATON, FL 33487 ☐ Delete		☐ Change ☐ Addition	
MGRM FELDMAN, NATHAN L 585 JEFFERSON DRIVE, #115 DEERFIELD BEACH, FL 33442 ☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ 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: 		Date: 1/22/07 Daytime Phone #	