2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074750

Entity Name: ACTIUM DEFENSE LLC

FILED Apr 12, 2007 Secretary of State

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

1770 TECHNOLOGY BOULEVARD
BOX 5, SUITE 230

1270 BISCAYNE BOULEVARD
SUITE 6

DAYTONA BEACH, FL 32117 US DELAND, FL 32724 US

Current Mailing Address: New Mailing Address:

1770 TECHNOLOGY BOULEVARD 1270 BISCAYNE BOULEVARD SUITE 6

DAYTÓNA BEACH, FL 32117 US DELAND, FL 32724 US

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

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

CARLSON, MARIANNE
1770 TECHNOLOGY BOULEVARD
DAYTONA BEACH, FL 32117 US

CARLSON, MARIANNE
1270 BISCAYNE BOULEVARD
SUITE 6

DELAND, FL 32717 US SUITE 6
DELAND, FL 32724 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: MARIANNE CARLSON 04/12/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGMR (X) Change () Addition

 Name:
 CARLSON, MARIANNE
 Name:
 CARLSON, MARIANNE

 Address:
 177 RIVER ROAD
 Address:
 310 AYESBURY CIRCLE, APT. C

 City-St-Zip:
 WALLKILL, NY 12589 US
 City-St-Zip:
 DELAND, FL 32720 US

Title: MGMR () Delete Title: MGMR (X) Change () Addition CARLSON, DONALD W Name: CARLSON, DONALD W Name: Address: 177 RIVER ROAD Address: 310 AYESBURY CIRCLE, APT. C City-St-Zip: WALLKILL, NY 12589 US City-St-Zip: DELAND, FL 32720 US

Title: MGMR () Delete Title: () Change () Addition

 Name:
 CARLSON, GRETCHEN A
 Name:

 Address:
 5 HAWKWEED LANE #2
 Address:

 City-St-Zip:
 MADISON, WW 53719 US
 City-St-Zip:

Title: MGMR () Delete Title: MGMR (X) Change () Addition Name: CARLSON, PAULA M Name: CARLSON, PAULA M 310 AYESBURY CIRCLE, APT. C Address: 177 RIVER ROAD Address: City-St-Zip: WALLKILL, NY 12589 US City-St-Zip: DELAND, FL 32720 US

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: MARIANNE CARLSON MGMR 04/12/2007