2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# L06000080294

Entity Name: PROTODRONE, LLC

Current Principal Place of Business:

1500 SE MAGNOLIA EXT.
SUITE 106
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1500 SE MAGNOLIA EXT.
SUITE 106
OCALA, FL 34471

New Mailing Address:

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

Name and Address of Current Registered Agent:

MASSINGER, DOUGLAS WM. ESQ.
MASSINGER LAW OFFICES
887 NE 100 STREET
OCALA, FL 34479 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: POLACK, PETER J
Address: 1500 SE MARNOLIA EXT., STE. 106
City-St-Zip: OCALA, FL 34471

Title: MGR ( ) Delete
Name: BROWN, WARREN
Address: 1500 SE MAGNOLIA EXT., STE. 106
City-St-Zip: OCALA, FL 34471

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 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: PETER J. POLACK MGR 04/16/2007

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