2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jul 28, 2006 8:00 am
Secretary of State
02-20-2006 90145 026 ****55.00

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1. Entity Name
COUNTERMEASURES USA, LLC

Principal Place of Business	Mailing Address
4545 KINCARDINE DRIVE JACKSONVILLE, FL 32257	4545 KINCARDINE DRIVE JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

02062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
42-1560346

Applied For
Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOWELLS, ROBERT J
4545 KINCARDINE DRIVE
JACKSONVILLE, FL 32257

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	PCEO
NAME	ELWARD, ANTHONY J
STREET ADDRESS	7 GAYLAND AVE.
CITY-ST-ZIP	LUTON LUZOOR UK,
TITLE	VCOO
NAME	KAVALIEROS, THEODORUS I
STREET ADDRESS	11585 MANDARIN COVE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	VS
NAME	HOWELLS, ROBERT J
STREET ADDRESS	4545 KINCARDINE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Howells 7/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #