2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # M05000001190 1. Entity Name 03-23-2006 90273 036 ****55.00 XPONDR DEFENSE SYSTEMS, LLC Principal Place of Business Mailing Address 10700 75TH STREET N. LARGO FL 33777 10700 75TH STREET N. **LARGO FL 33777** 3. Mailing Address 2. Principal Place of Business P.O. BOX 10151 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State Sity & State Park 4. FEI Number Applied For 20-2182700 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HINES, JAMES P ESQ Street Address (P.O. Box Number is Not Acceptable) 315 S HYDE PARK AVE **TAMPA FL 33606** City Zip Code FL 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. Change □ Addition TITLE MGRM ☐ Delete TITLE CHARLOT, LINCOLN H. JR. NAME CHRLOT, LINCOLN H JR NAME STREET ADDRESS STREET ADDRESS 10700 75TH STREET N. CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 ☐ Delete **Change** ☐ Addition 10151 75 H STREET N. NAME NAME MCDONALD, DONALD STREET ADDRESS STREET ADDRESS 10700 75TH STREET N. CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME MCNEEL, VAN L STREET ADDRESS LINCOLN CTR, 5401 W KENNEDY BLVD, STE 751 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33609** TITLE □ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

BUBGL, H. CHARLOT, JR

FILED