2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160881

Entity Name: ARMOR-DILLO AUTO PRODUCTS, INC.

FILED May 01, 2009 Secretary of State

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

210 S PARSONS AVE 506 PINEWALK DR, STE 7 BRANDON, FL 33510 BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

P.O. BOX 993 506 PINEWALK DR, LITHIA, FL 33547 BRANDON, FL 33510

FEI Number: 20-3908713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ODOM, JESSICA R
210 S PARSON AVE
STE 7
BRANDON, FL 33511 US
SAYLORS, WILLIAM E
506 PINEWALK DR.
BRANDON, FL 33510 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: WILLIAM SAYLORS 05/01/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ODOM, JESSICA R SAYLORS, WILLIAM E Name: Name: P.O. BOX 993 506 PINEWALK DR Address: Address: LITHIA, FL 33547 City-St-Zip: City-St-Zip: BRANDON, FL 33510

Title: VP (X) Delete Title: () Change () Addition

 Name:
 ODOM, GENE
 Name:

 Address:
 P.O. BOX 993
 Address:

 City-St-Zip:
 LITHIA, FL 33547
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 ODOM, GENE
 Name:

 Address:
 P.O. BOX 993
 Address:

 City-St-Zip:
 LITHIA, FL 33547
 City-St-Zip:

Title: T (X) Delete Title: () Change () Addition

 Name:
 ODOM, JESSICA
 Name:

 Address:
 P.O. BOX 993
 Address:

 City-St-Zip:
 LITHIA, FL 33547
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SAYLORS P 05/01/2009