

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 22, 2012
Secretary of State

DOCUMENT# 722549

Entity Name: WASHINGTON ARMS MANAGEMENT, INC.**Current Principal Place of Business:**190 E. OLMSTEAD DR.
TITUSVILLE, FL 32780**New Principal Place of Business:****Current Mailing Address:**190 E. OLMSTEAD DR.
TITUSVILLE, FL 32780**New Mailing Address:****FEI Number:** 59-1449619**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MUNRO, DENISE
1331 BEDFORD DRIVE
103
MELBOURNE, FL 32940 US**Name and Address of New Registered Agent:**MILLER, SUZI
190 E. OLMSTEAD DR.
UNIT G-4
TITUSVILLE, FL 32780 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: SUZI MILLER

08/22/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: D
Name: SELLERS, BRUCE
Address: 190 E. OLMSTEAD DR
City-St-Zip: TITUSVILLE, FL 32780

Title: T
Name: MILLER, SUZI
Address: 190 E OLMSTEAD DR
City-St-Zip: TITUSVILLE, FL 32780

Title: P
Name: SHAFER, LORENE
Address: 190 E. OLMSTEAD DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: S
Name: HENDERSON, MICHELLE
Address: 190 E. OLMSTEAD DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D
Name: BUDSBERG, PAT
Address: 190 E OLMSTEAD DR
City-St-Zip: TITUSVILLE, FL 32780

Title: VP
Name: TURNER, DAVID
Address: 190 E OLMSTEAD DR
City-St-Zip: TITUSVILLE, FL 32780

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUZI MILLER

T

08/22/2012

Electronic Signature of Signing Officer or Director_____
Date