

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 19, 2004
Secretary of State**

DOCUMENT# 722635

Entity Name: NORTH TRITON ARMS, INC.

Current Principal Place of Business:171 N. ATLANTIC AVE
COCOA BEACH, FL 32931**New Principal Place of Business:****Current Mailing Address:**200 N FIRST ST
COCOA BEACH, FL 32931 US**New Mailing Address:**1980 N ATLANTIC AVE #701
COCOA BEACH, FL 32931 US

FEI Number: 59-1447782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MORRIS, LAURAJO
200 N FIRST STREET
COCOA BEACH, FL 32931 US**Name and Address of New Registered Agent:**DAVIS, PETEY
1980 N ATLANTIC AVE #701
COCOA BEACH, FL 32931 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: PETEY DAVIS

12/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: FOSTER, SUE
Address: 34 YAWL DR.
City-St-Zip: COCOA BEACH, FL 32931Title: TSD () Delete
Name: PENNY, DON
Address: 171 N. ATLANTIC #39
City-St-Zip: COCOA BEACH, FL 32931Title: D () Delete
Name: HIRKALA, MICHAEL
Address: FOWLERHOUSE RD.
City-St-Zip: WAPPINGERS FALLS, NY 125903Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: TD (X) Change () Addition
Name: BOOTH, EDWIN I
Address: 171 N ATLANTIC AVE #19
City-St-Zip: COCOA BEACH, FL 32931 USTitle: SD (X) Change () Addition
Name: PENNY, DON
Address: 171 N. ATLANTIC #39
City-St-Zip: COCOA BEACH, FL 32931Title: PD (X) Change () Addition
Name: HIRKALA, MICHAEL
Address: FOWLERHOUSE RD.
City-St-Zip: WAPPINGERS FALLS, NY 125903Title: D () Change (X) Addition
Name: WISEMAN, MARY
Address: 660 S BREVARD AVE #1537
City-St-Zip: COCOA BEACH, FL 32931 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE HIRKALA

P

12/19/2004

Electronic Signature of Signing Officer or Director

Date