## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000000553

Entity Name: BATTLE AXE BRIGADE, INC.

FILED Jan 14, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 21836 HEBRON PL O BRIEN, FL 32071 **Current Mailing Address: New Mailing Address:** 21836 HEBRON PL O BRIEN, FL 32071 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOOPER, LARRY K 10621 N. KENDALL DR. #113 MIAMI, FL 33176 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEOT () Delete (X) Change ( ) Addition BUKER, DAVID Name: BUKER, DAVID Name: Address: 7790 S.W. 127TH STREET Address: 21836 HEBRON PL City-St-Zip: MIAMI, FL 33156 City-St-Zip: O'BRIEN, FL 32071 Title: ( ) Delete Title: (X) Change ( ) Addition Name: BUKER, DIANE Name: BUKER, DIANE Address: 7790 S.W. 127TH STREET Address: 21836 HEBRON PL City-St-Zip: MIAMI, FL 33156 City-St-Zip: O'BRIEN, FL 32071 Title: () Delete Title: () Change () Addition MCPHERSON, FRANK Name: Name: Address: 3301 RIVERIA DRIVE Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: HAUGEN, MARGE Name: Address: 14643 SW 145 TERR Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: () Delete Title: () Change () Addition MCPHERSON, ANTOINETTE Name: Name: 3301 RIVERIA DRIVE Address: Address: City-St-Zip: KEY WEST, FL 33040 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE BUKER P 01/14/2008