

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000553

FILED
Jan 20, 2009
Secretary of State

Entity Name: BATTLE AXE BRIGADE, INC.

Current Principal Place of Business:

21836 HEBRON PL
O BRIEN, FL 32071

New Principal Place of Business:

Current Mailing Address:

21836 HEBRON PL
O BRIEN, FL 32071

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOOPER, LARRY K
10621 N. KENDALL DR. #113
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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:

Title: CEOT () Delete
Name: BUKER, DAVID
Address: 21836 HEBRON PL
City-St-Zip: O'BRIEN, FL 32071

Title: P () Delete
Name: BUKER, DIANE
Address: 21836 HEBRON PL
City-St-Zip: O'BRIEN, FL 32071

Title: D () Delete
Name: MCPHERSON, FRANK
Address: 3301 RIVERIA DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: HAUGEN, MARGE
Address: 14643 SW 145 TERR
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: MCPHERSON, ANTOINETTE
Address: 3301 RIVERIA DRIVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HAUGEN, MARGE
Address: 21855 JERICHO PLACE
City-St-Zip: O, FL 32071

Title: () Change () Addition
Name:
Address:
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

01/20/2009

Electronic Signature of Signing Officer or Director

Date