

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 06, 2005
Secretary of State**

DOCUMENT# P04000049141

Entity Name: HAMMER'S HAWGS CUSTOM MOTORCYCLES, INC.

Current Principal Place of Business:

7002 S.R. 54
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

7002 S.R. 54
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

FEI Number: 20-1816133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOLAN, MICHAEL
9301 LEDGESTONE LANE
PORT RICHEY, FL 34668 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: PRES () Delete
Name: NOLAN, MICHAEL
Address: 9301 LEDGESTONE LANE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: CEO () Delete
Name: NOLAN, TERI L
Address: 9301 LEDGESTONE LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: DIR () Delete
Name: NOLAN, MARTIN J JR.
Address: 9620 APPLE MILL DR.
City-St-Zip: ELK GROVE, CA 95624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NOLAN, MARTIN J JR.
Address: 9620 APPLE MILL DR.
City-St-Zip: ELK GROVE, CA 95624 US

Title: V.PR (X) Change () Addition
Name: NOLAN, MICHAEL A
Address: 9301 LEDGESTONE LANE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: SEC. (X) Change () Addition
Name: NOLAN, TERI L
Address: 9301 LEDGESTONE LN.
City-St-Zip: PORT RICHEY, FL 34668 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. NOLAN

Electronic Signature of Signing Officer or Director

V.PR

10/06/2005

Date