2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address,

with all other like empowered

Mar 29, 2006 8:00 am Secretary of State **DOCUMENT: # 750251** 1. Entity Name 03-29-2006 90137 001 ****61.25 NORTHWICK ARMS, INC. Principal Place of Business Mailing Address 4000 3RD STREET NORTH 100 157 AVE S #202 ST. PETERSBURG FL 33703-4805 SAINT PEKERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) #202 City & State Applied For City & State 4. FEI Number 59-2071249 Pet Not Applicable Cauntry \$8.75 Additional 5. Certificate of Status Desired 3370 3310 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Management Group AMERICAN ENTERPRISES 100 1ST AVE S #281 SAINT PETERSBURG FL 33701 St. Pet ersburo 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE NEWMAN, JOYCE NAME MAME 4000 3RD ST., N #201 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZIP VΡ Delete ☐ Change ☐ Addition TITLE TITLE TRAVIS, CLIFF NAME NAME STREET ADDRESS 4000 3RD ST. N, #111 STREET ADDRESS SAINT PETERSBURG FL 33703 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Defete NAME NAMÉ RUFO, MARY STREET ADDRESS STREET ADDRESS 4000 3RD ST SAINT PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete MCQUEEN, DAVID NAME STREET ADDRESS STREET ADDRESS 4000 3RD ST. N, #209 SAINT PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11

FILED