2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750251

Entity Name: NORTHWICK ARMS INC.

City-St-Zip: SAINT PETERSBURG, FL 33703

FILED Apr 01, 2009 Secretary of State

Entity Name: NORTHWICK ARMS, INC.				
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
	STREET NORTH TERSBURG, FL 33703			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
P.O. BOX CLEARWA	14357 ATER, FL 33766 US			
FEI Number	: 59-2071249 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of Current Registered Agent	: Name and Address of	New Registered Agent:	
AMERI-TECH REALTY, INC. 1799-B NORTH BELCHER ROAD CLEARWATER, FL 33765 US		24701 US HIGHWAY 19	AMERI-TECH REALTY, INC. 24701 US HIGHWAY 19 NORTH #102 CLEARWATER, FL 33763 US	
	named entity submits this statement for t e of Florida.	he purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: MICHAEL G PEREZ, PRESIDENT		04/01/2009	
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete LEWIS, SUSAN 4000 3RD ST., N #102 SAINT PETERSBURG, FL 33703	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete NEWMAN, JOYCE 4000 3RD ST. N, #312 SAINT PETERSBURG, FL 33703	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete RUFO, MARY 4000 3RD ST N. #210 SAINT PETERSBURG, FL 33703	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () Delete WILLIAMS, GLENNIS 4000 3RD ST. N, #206 SAINT PETERSBURG, FL 33703	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	D () Delete WOOD, KAREN 4000 3RD ST N. #100	Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: SUSAN LEWIS PD 04/01/2009