

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G44402

FILED
Jan 10, 2006
Secretary of State

Entity Name: PISTOL RANGE DEVELOPMENT, INC.

Current Principal Place of Business:

201 NORTH FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 39
APTOS, CA 95001 US

New Mailing Address:

FEI Number: 58-1579331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DAVID L
201 NORTH FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GRAY ROBINSON
201 NORTH FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602 US

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: STEVEN KUSSNER

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COLLINS, SIMON S,
Address: PO BOX 39
City-St-Zip: APTOS, CA 95001 US

Title: MEMB () Delete
Name: COLLINS, JONATHAN S
Address: P.O. BOX 39
City-St-Zip: APTOS, CA 95001 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN COLLINS

MEMB

01/10/2006

Electronic Signature of Signing Officer or Director

Date