

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73515

FILED
Mar 25, 2009
Secretary of State

Entity Name: TACTICAL ADVANTAGE CONSULTANTS, INC.

Current Principal Place of Business:

2105 KEYSTONE BLVD.
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

2105 KEYSTONE BLVD.
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 59-2912294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETIT, MICHAEL GARCIA
19 WEST FLAGLER STREET
SUITE 707
MIAMI, FL 33130 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNIGHT,, ROBERT B.,
Address: 2105 KEYSTONE BLVD.
City-St-Zip: NORTH MIAMI, FL 33181

Title: VD () Delete
Name: TUCKER, MICHAEL,
Address: 4364 FLEXER DRIVE
City-St-Zip: HERNANDO BEACH, FL 34607

Title: T () Delete
Name: KNIGHT, MARGERY
Address: 2105 KEYSTONE BLVD
City-St-Zip: NORTH MIAMI, FL

Title: S () Delete
Name: KNIGHT, MARGERY,
Address: 2105 KEYSTONE BLVD.
City-St-Zip: NORTH MIAMI, FL

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: () 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. KNIGHT

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date