## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007289

BATTERY B FIRST US ARTIU FRY INC.

FILED Jan 18, 2008 Secretary of State

Entity Name: BATTERY BEIRST US ARTILLERY, INC.					
Current Principal Place of Business:			New Princ	ipal Place of Business:	
2212 FOGA KEY WEST	ARTY AVE. , FL 33040				
Current Mailing Address:			New Maili	New Mailing Address:	
PO BOX 45 KEY WEST	560 7, FL 33041				
FEI Number: 65-1315069 FEI Number Applied For ( )		FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
MOSS, D. I 2212 FOGA KEY WEST		US			
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MOSS, D. MARK 2212 FOGARTY KEY WEST, FL	AVE.	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition MOSS, D. MARK 2212 FOGARTY AVE. KEY WEST, FL 33040 US	
Title: Name: Address: City-St-Zip:	VP () KIRKPATRICK, ( 2405 SEIDENBU KEY WEST, FL	IRG AVE	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition KIRKPATRICK, G R 2405 SEIDENBURG AVE KEY WEST, FL 33040 US	
Title: Name: Address: City-St-Zip:	T &S () VAN ORT, JASO PO BOX 727 KEY WEST, FL		Title: Name: Address: City-St-Zip:	T &S (X) Change ( ) Addition VAN ORT, JASON M PO BOX 727 KEY WEST, FL 33041 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition MAGLIO, LOUIS 1213 14 TH ST #67 KEY WEST, FL 33040 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition MCALEER, NIGEL 317 CATHERINE ST KEY WEST, FL 33040 US	

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.

SIGNATURE: D. MARK MOSS P 01/18/2008