


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000000930		
1. Entity Name: THE EOD MASTERBLASTERS, INC.		

FILED

05 JUN -8 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 53 MARY ESTHER DRIVE MARY ESTHER, FL 32569	Mailing Address P.O. BOX 3220 FT WALTON, FL 32549-3220 US
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2. Principal Place of Business 109 Paddle Wheel Cove Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05162006 Chg-NP CR2E037 (4/06)

City & State Crestview, FL	City & State
Zip 32536	Country
Country OKaloosa	Zip
Country	Country

4. FEI Number 59-3177107	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEHMAN, SAMUEL R. 53 MARY ESTHER DRIVE MARY ESTHER, FL 32569	
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7. Name and Address of New Registered Agent Name: Steven P. Temme Street Address (P.O. Box Number is Not Acceptable): 109 Paddle Wheel Cove City: Crestview FL Zip Code: 32536	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Steven P. Temme DATE: 2 Jun 2006
(NOTE: Registered Agent signature required when re-registering)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMASTERS, JACK R. 4807 MEADOW LAKE DRIVE CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUGHES, GEORGE M 908 PITTS AVE PANAMA CITY, FL 32404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Boyce, George A 75 N. Bishop Rd Santa Rosa Beach, FL 32549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVALL, IRVIN E. 379 S BAYSHORE DR. VALPARAISO, FL 32580 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEHMAN, SAMUEL R 52 MARY ESTHER DR MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Steven P. Temme 109 Paddle Wheel Cove Crestview, FL 32536 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, JR., WILLIAM E 5885 CAROL ROSE LN CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CHALFANT, JOHN W 721 CRESTWOOD ST MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES George M. Hughes 908 Pitts Ave. Panama City, FL 32404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 5/21/2006 DAYTIME PHONE: 904-682-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2C 6/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE EOD MASTERBLASTERS, INC
(Name of Corporation)

DOCUMENT NUMBER: N95000000930

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven P. Temme
(Name of Contact Person)

The EOD MasterBlasters, Inc
(Firm/Company)

109 Paddle Wheel Cove
(Address)

Crestview, Fl. 32536
(City/State and Zip Code)

For further information concerning this matter, please call:

Jack R. McMasters at (850) 682-4870
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301