

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000930

FILED
Feb 25, 2008
Secretary of State

Entity Name: THE EOD MASTERBLASTERS, INC.

Current Principal Place of Business:

61 BALL COURT
CRAWFORDVILLE, FL 323275854 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3220
FT WALTON, FL 325490220 US

New Mailing Address:

P.O. BOX 87
CRAWFORDVILLE, FL 323260087 US

FEI Number: 59-3177107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUTTON, MARSHALL B
61 BALL COURT
CRAWFORDVILLE, FL 323275854 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUGHES, GEORGE M
Address: 908 PITTS AVENUE
City-St-Zip: PANAMA CITY, FL 324046550 US

Title: VP () Delete
Name: MCMASTER, JACK R
Address: 4807 MEADOW LAKE DRIVE
City-St-Zip: CRESTVIEW, FL 325396321 US

Title: S () Delete
Name: DUTTON, MARSHALL B
Address: 61 BALL COURT
City-St-Zip: CRAWFORDVILLE, FL 323275854 US

Title: T () Delete
Name: DUTTON, MARSHALL B
Address: 61 BALL COURT
City-St-Zip: CRAWFORDVILLE, FL 323275854 US

Title: D () Delete
Name: DUVALL, IRVIN E
Address: 332 WOODROW ST NE APT 4
City-St-Zip: FT WALTON BEACH, FL 325472264 US

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:

Title: D (X) Change () Addition
Name: HOLLEN, JAMES R
Address: 113 MEADOW WOODS LN
City-St-Zip: NICEVILLE, FL 325783913 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: MARSHALL B. DUTTON

S

02/25/2008

Electronic Signature of Signing Officer or Director

Date