

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040314

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: ADVANCED SHOOTING INSTITUTE INC.

## Current Principal Place of Business:

10436 NW 2 COURT  
PLANTATION, FL 333241738 US

## New Principal Place of Business:

14430 SW 24 STREET  
DAVIE, FL 333255037 US

## Current Mailing Address:

10436 NW 2 COURT  
PLANTATION, FL 333241738 US

## New Mailing Address:

14430 SW 24 STREET  
DAVIE, FL 333255037 US

FEI Number: 65-1003711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIXON, JEFFREY M  
2648 WILSON STREET  
HOLLYWOOD, FL 330201953 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: D ( ) Delete  
Name: DIXON, JEFFREY M  
Address: 10436 NW 2ND COURT  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DIXON, JEFFREY M  
Address: 14430 SW 24 STREET  
City-St-Zip: DAVIE, FL 33325 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY M DIXON

PRES

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date