2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063504

Entity Name: BLACK WIDOW BULLET COMPANY, INC.

FILED Mar 16, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

6373 BILL LUNDY RD LAURAL HILL, FL 32567 6373 BILL LUNDY RD LAUREL HILL, FL 32567

Current Mailing Address: New Mailing Address:

6373 BILL LUNDY RD 6373 BILL LUNDY RD LAURAL HILL, FL 32567 LAUREL HILL, FL 32567

FEI Number: 59-3730259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, WAYNE R
6373 BILL LUNDY RD
LAURAL HILL, FL 32567 US
SMITH, WAYNE R
6373 BILL LUNDY RD
LAUREL HILL, FL 32567 US

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: WAYNER SMITH 03/16/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 SMITH, TIMOTHY T
 Name:

 Address:
 1949 CANTERBURY SQ
 Address:

 City-St-Zip:
 ANNISTON, AL 32607
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 SMITH, SANDY B
 Name:

 Address:
 1943 CANTERBURY SQ
 Address:

 City-St-Zip:
 ANNISTON, AL 32607
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 SMITH, WAYNE R
 Name:
 SMITH, WAYNE R

 Address:
 6373 BILL LUNDY RD
 Address:
 6373 BILL LUNDY RD

 City-St-Zip:
 LAURAL HILL, FL 32567
 City-St-Zip:
 LAUREL HILL, FL 32567

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY T SMITH PD 03/16/2004