


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000108854 1. Entity Name LIBERTY ARMS, INC.	
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Principal Place of Business 500 FENTRESS BOULEVARD DAYTONA BEACH, FL 32114	Mailing Address 500 FENTRESS BOULEVARD DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 39-3755597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COSTA, HELEN C ESQ. 7330 WEST 20TH AVENUE MIAMI LAKES, FL 33016-1836	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTA, FRANK R 500 FENTREE BLVD. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSELL, WILLIAM C 500 FENTREE BOULEVARD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COSTA, REINALDO 7330 WEST 20TH AVE. HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COSTA, MAURICE R 7330 WEST 20TH AVE. HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/12/05-80018-019 158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  FRANK R. Costa Pres 1/10/05 386-239-7100 x-11	_____ <small>Signature and typed or printed name of signing officer or director</small>	_____ <small>Date</small>	_____ <small>Daytime Phone #</small>
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