2008 FOR PROFIT CORPORATION

Feb 25, 2008 08:00 AN ANNUAL REPORT **Secretary of State DOCUMENT # P01000111888** 1. Entity Name ANC WEAPONS, INC. Principal Place of Business Mailing Address 222 N. WOODLAND BLVD 222 N. WOODLAND BLVD DELAND, FL 32720 DELAND, FL 32720 01062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3758765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent · 1965年 · 1965年 · 1966年 · 196 MATHEUS, ERNST G DO NOT WRITE 222 N. WOODLAND BLVD DELAND, FL 32720 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MATHEUS, ERNST G NAME 1785 PINE STR. STREET ADDRESS CITY - ST - ZIP DELAND, FL 32724 TITLE · U000000837890 / (03/05/08-80008-017 150.00 NAME OLSEN, MICHAEL J STREET ADDRESS 1605 OLD DAYTONA RD. CITY-ST-ZIP DELAND, FL 32724 TITLE Applied the Arman and the Commission of the Comm NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIT/ F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

thereby 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 mustee 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 or like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED