2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

DOCUMENT# P01000113367

Entity Name: LEGENDARY ARMS, INC.

Current Principal Place of Business:

1357 BEAVER ST.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40606
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3757210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEEK, DAVID H
501 RIVERSIDE AVE
SUITE 601
JACKSONVILLE, FL 32202 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: D
Name: CHUPP, TODD M
Address: P. O. BOX 40606
City-St-Zip: JACKSONVILLE, FL 32203

Title: D
Name: CHUPP, CHARLES O JR.
Address: P. O. BOX 40606
City-St-Zip: JACKSONVILLE, FL 32203

Title: D
Name: CHUPP, CHARLES O
Address: P. O. BOX 40606
City-St-Zip: JACKSONVILLE, FL 32203

I hereby 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 all other like empowered.

SIGNATURE: TODD CHUPP D 01/18/2011

Electronic Signature of Signing Officer or Director — Date