2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P02000131435

Entity Name: TACTICAL ACQUISITIONS AND DEVELOPMENT, INC.

Current Principal Place of Business:

PO BOX 1217
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

PO BOX 1217
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 13-4226962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAVENS, JASON E
36468 EMERALD COAST PKWY
BUILDING 2, SUITE 2101
DESTIN, FL 32541

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: P ( ) Delete
Name: LETTELEIR, JOHNATHON
Address: PO BOX 1217
City-St-Zip: MARY ESTHER, FL 32569

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LETTELLEIR, JOHNATHON
Address: PO BOX 1217
City-St-Zip: MARY ESTHER, FL 32569

Title: VP ( ) Change (X) Addition
Name: LETTELLEIR, STEPHANIE
Address: PO BOX 1217
City-St-Zip: MARY ESTHER, FL 32569

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: JOHNATHON LETTELLEIR P 04/30/2003

Electronic Signature of Signing Officer or Director — Date