


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90220 020 ***150.00

DOCUMENT # P02000132489	
1. Entity Name ACCURATE ARCHERY OF MELBOURNE, INC.	

Principal Place of Business 2583 O'NEAL BLVD NAPLES, FL 34104-46	Mailing Address 2583 O'NEAL BLVD NAPLES, FL 34104-46
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PALMER, JAMES R 2770 CLYDESDALE BLVD. MELBOURNE, FL 32934	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 _____ DATE 4-18-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P PALMER, JAMES R 2770 CLYDESDALE BLVD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PALMER, WENDY 2770 CLYDESDALE BLVD. MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PALMER, FOREST 1882 NIXON AVE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby 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 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: Wendy Palmer 4-18-06 321 7512 303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #