

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90088 031 ***150.00

DOCUMENT # P03000072691 1. Entity Name AMERICAN ARMS AND ORDNANCE, INC.					
Principal Place of Business 1248 FARGO DRIVE MELBOURNE, FL 32940			Mailing Address 1248 FARGO DRIVE MELBOURNE, FL 32940		
2. Principal Place of Business - No P.O. Box # 138 Stanwood Lane		3. Mailing Address 138 Stanwood Lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Manlius, NY		City & State Manlius, NY		4. FEI Number 74-3106974	
Zip 13104		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 13104		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWEN, MARK D SQUIRE STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A., 200 E BROWARD BLVD STE 1900 FT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POFF, CHARLES JR 1248 FARGO DRIVE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete <i>deceased</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Palmisano, Louis Dr. 93 Smith Mountain Rd. Wapwallopen, PA 18660 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEHIGH, STANLEY 138 STANWOOD LANE MANLIUS, NY 13104 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/T/S Lehigh, Stanley 138 Stanwood Lane Manlius, NY 13104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMISANO, LOUIS DR. 93 SMITH MOUNTAIN RD. WAPWALLOPEN, PA 18660 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Stanley Lehigh</i> STANLEY LEHIGH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date April 25, 2008 Daytime Phone # (315) 637-5724		