

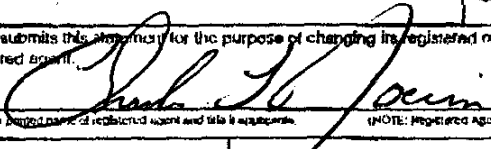
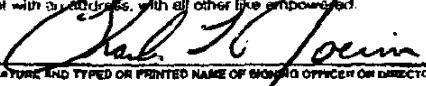


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91024 045 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000078520 1. Entity Name TIGER TUFF ARCHERY, INC.						94081856							
Principal Place of Business 567 17TH ST W PALMETTO, FL 34221				Mailing Address 567 17TH ST W PALMETTO, FL 34221									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04262004 Chg-P CR2E034 (10/03)		4. FEI Number 20-0094988						Apply For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent DEL RIO, MAYRA 567 17TH ST W PALMETTO, FL 34221		7. Name and Address of New Registered Agent Name Charles L Joerin President Street Address (P.O. Box Number is Not Acceptable) 567 17th St West City Palmetto FL Zip Code 34221			
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: 4.29.04			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00				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 '1								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete JOERIN, CHARLES L 567 17TH ST W PALMETTO, FL 34221				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete PRIETO, RODOLFO D 567 17TH ST W PALMETTO, FL 34221				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							
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 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trust or authorized 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 my address, with all other like empowers.													
SIGNATURE: 					DATE: 4.29.04		TELEPHONE: 941-721-7879						