


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90039 040 \*\*\*550.00

<b>DOCUMENT # P04000092717</b>	
1. Entity Name <b>ARMADA DEVELOPMENT CORPORATION</b>	

Principal Place of Business <b>234 LAUREL OAKS ROAD NOKOMIS, FL 34275 US</b>	Mailing Address <b>P.O. BOX 1424 NOKOMIS, FL 34274 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07152005 Chg-P CR2E034 (10/03)	
4. FEI Number <b>02-0725128</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>SARICH, JOHN R 234 LAUREL OAKS DRIVE NOKOMIS, FL 34275</b>	

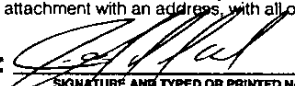
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P WILLIAM FRIZZELL</b>
STREET ADDRESS	<b>101 NORMANDY WAY, #M1</b>
CITY-ST-ZIP	<b>ROTUNDA WEST, FL 38947</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V/C JOHN R. SARICH</b>
STREET ADDRESS	<b>234 LAUREL OAKS ROAD</b>
CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VISIT FRANCES SARICH</b>
STREET ADDRESS	<b>234 LAUREL OAKS ROAD</b>
CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: 	7-15-05 941-412-0505
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>