


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90024 034 ***150.00

DOCUMENT # P04000103268	
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1. Entity Name
BATTLE GEAR INC.

Principal Place of Business 4409 SW OAKHAVEN LANE PALM CITY, FL 34990 US	Mailing Address 4409 SW OAKHAVEN LANE PALM CITY, FL 34990 US
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2. Principal Place of Business 1330 SW 34th ST	3. Mailing Address 1330 SW 34th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm City FL	City & State Palm City FL
Zip 34990	Zip 34990
Country USA	Country USA



07012005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1356215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
Name **G. Beckett Jones Jr**
Street Address (P.O. Box Number is Not Acceptable) **4409 SW OAKHAVEN LANE**
City **Palm City** FL Zip Code **34990**

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 **G. Beckett Jones Jr CEO** **7-12-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, G. BECKETT JR		NAME		
STREET ADDRESS	4409 SW OAKHAVEN LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, SANDRA		NAME		
STREET ADDRESS	4409 SW OAKHAVEN LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, HUNTER		NAME		
STREET ADDRESS	4409 SW OAKHAVEN LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 fees empowered.

SIGNATURE: **G. Beckett Jones Jr** **7/12/05** **772-781-4327**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #