

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000149263

1. Entity Name

RUN AND GUN, INC.



**FILED
Jun 16, 2006 8:00 am
Secretary of State**

05-08-2006 90273 041 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business 720 WEST OCEAN DRIVE UNIT 202 KEY COLONY BEACH FL 33051 US		Mailing Address POST OFFICE BOX 510694 KEY COLONY BEACH FL 33051 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BEAUPRE, THOMAS R 720 WEST OCEAN DRIVE UNIT 202 KEY COLONY BEACH FL 33051		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.			
<p>SIGNATURE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable</p> <p>(NOTE: Registered Agent signature required when resulting)</p> <p>DATE _____</p>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME BEAUPRE, THOMAS R STREET ADDRESS 720 WEST OCEAN DRIVE, UNIT 202 CITY-ST-ZIP KEY COLONY BEACH FL 33051		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP/S <input type="checkbox"/> Delete NAME BEAUPRE, BEVERLY K STREET ADDRESS 720 WEST OCEAN DRIVE, UNIT 202 CITY-ST-ZIP KEY COLONY BEACH FL 33051		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete 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 exemptions contained in Section 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: *Thomas R. Bev*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/06 (305)289-3225
Daytime Phone #