2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092175

Name:

Address:

City-St-Zip:

Entity Name: TK DEFENSE SOLUTIONS, INC

FILED Apr 10, 2007 Secretary of State

y		1102 0020110110, 1110			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
P.O. BOX 4298 CLEARWATER, FL 33758 US				1101 MACRAE AVE CLEARWATER, FL 33755 US	
Current Mailing Address:			New Mailing Address:		
P.O. BOX CLEARWA	4298 ATER, FL 3375	58 US			
FEI Number:	: 20-5214209	FEI Number Applied For ()	FEI Number Not Applicable (Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
1111 LINC SUITE 400	OLN RD.,	ORATION AGENTS, INC.			
	named entity s e of Florida.	submits this statement for th	e purpose of changing its regist	tered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered A	Agent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () DREWETT, TIM P.O. BOX 4298 CLEARWATER,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () IFFT, DENISE L P.O. BOX 4298 CLEARWATER,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () DREWETT, HEA P.O. BOX 4298 CLEARWATER,		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	()	Delete	Title: V	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

IFFT III, JOHN K

P.O. BOX 4298

CLEARWATER, FL 33758 US

SIGNATURE: JOHN K IFFT III V 04/10/2007