2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P06000092175

Entity Name: TK DEFENSE SOLUTIONS, INC

Current Principal Place of Business:

1101 MACRAE AVE
CLEARWATER, FL 33755 US

New Principal Place of Business:

15066 NEWPORT RD
CLEARWATER, FL 33764 US

Current Mailing Address:

P.O. BOX 4298
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 20-5214209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERMAN, MARC A.B.
508 SO M.L. KING JR. AVE
CLEARWATER, FL 337563425 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DREWETT, TIMOTHY J
Address: P.O. BOX 4298
City-St-Zip: CLEARWATER, FL 33758 US

Title: S ( ) Delete
Name: IFFT, DENISE L
Address: P.O. BOX 4298
City-St-Zip: CLEARWATER, FL 33758 US

Title: T ( ) Delete
Name: DREWETT, HEATHER M
Address: P.O. BOX 4298
City-St-Zip: CLEARWATER, FL 33758 US

Title: V ( ) Delete
Name: IFFT III, JOHN K
Address: P.O. BOX 4298
City-St-Zip: CLEARWATER, FL 33758 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: TIMOTHY DREWETT P 04/29/2009

Electronic Signature of Signing Officer or Director Date