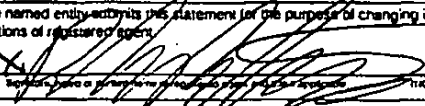
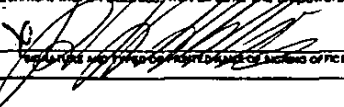


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 8:00 am
Secretary of State

04-02-2008 90148 001 ***450.00

DOCUMENT # P07000013835			
1. Entry Name A.R.S. COMPETITION SHOOTING INC.			
Principal Place of Business 796 ANDERSON DRIVE NAPLES, FL 34103 US		Mailing Address 796 ANDERSON DRIVE NAPLES, FL 34103 US	
2. Principal Place of Business - No P.O. Box # 1090 27th Street SW		3. Mailing Address 1090 27th Street SW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34117 Country USA		Zip 34117 Country USA	
4. FEI Number 20-8348935		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, ANDREW R 796 ANDERSON DRIVE NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Andrew R. Schwartz Street Address (P.O. Box Number is Not Acceptable) 1090 27th Street SW City Naples FL Zip Code 34117	
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 4/20/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, ANDREW R 796 ANDERSON DRIVE NAPLES, FL 34103 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Andrew Schwartz ☒ Change ☐ Addition 1090 27th Street SW Naples, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE 4/20/08 2394258562	