

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019391

Entity Name: DIAMONDBACK ARMS, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

1060 COX ROAD
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

1060 COX ROAD
COCOA, FL 32926

New Mailing Address:

FEI Number: 22-3954458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORAN, ROBERT
1060 COX ROAD
COCOA, FL 32926 US

Name and Address of New Registered Agent:

BURKE, MATTHEW T CPA
1980 N. ATLANTIC AVENUE
707
COCOA BEACH, FL 32931 US

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: MATTHEW T. BURKE, CPA

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HORAN, BOBBY
Address: 1060 COX RD.
City-St-Zip: COCOA, FL 32926

Title: DV () Delete
Name: FLECKINGER, BOBBY
Address: 1060 COX RD.
City-St-Zip: COCOA, FL 32926

Title: DS () Delete
Name: FLECKINGER, HEATHER
Address: 1060 COX RD.
City-St-Zip: COCOA, FL 32926

Title: DT () Delete
Name: HORAN, WENDY
Address: 1060 COX RD.
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HORAN, ROBERT
Address: 802 PINE VALLEY COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: DV (X) Change () Addition
Name: FLECKINGER, BOBBY
Address: 1060 COX ROAD
City-St-Zip: COCOA, FL 32926

Title: DS (X) Change () Addition
Name: FLECKINGER, HEATHER
Address: 1060 COX ROAD
City-St-Zip: COCOA, FL 32926

Title: DT (X) Change () Addition
Name: HORAN, WENDY
Address: 802 PINE VALLEY COURT
City-St-Zip: ROCKLEDGE, FL 32955

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: ROBERT HORAN

DP

03/10/2009

Electronic Signature of Signing Officer or Director

Date