2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000019391

Address:

City-St-Zip:

ROCKLEDGE, FL 32955

FILED Aug 11, 2009 Secretary of State

Entity Name: DIA	MONDBACK ARMS, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1060 COX ROAD COCOA, FL 32926	5			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1060 COX ROAD COCOA, FL 32926	\$			
FEI Number: 22-39544	58 FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
BURKE, MATTHEV 1980 N. ATLANTIC 707 COCOA BEACH, F	AVENUE			
The above named on the State of Florid	entity submits this statement for the da.	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
El	ectronic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Address: 802 PINI	(X) Delete ROBERT E VALLEY COURT EDGE, FL 32955	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: DV	() Delete	Title: DP	(X) Change () Addition	

Title: FLECKINGER, BOBBY FLECKINGER, BOBBY Name: Name: Address: 1060 COX ROAD Address: 1060 COX ROAD COCOA, FL 32926 City-St-Zip: COCOA, FL 32926 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: FLECKINGER, HEATHER Name: FLECKINGER, HEATHER Address: 1060 COX ROAD Address: 1060 COX ROAD City-St-Zip: COCOA, FL 32926 City-St-Zip: COCOA, FL 32926 Title: DT () Delete Title: DTS (X) Change () Addition HORAN, WENDY HORAN, WENDY Name: Name: 802 PINE VALLEY COURT 802 PINE VALLEY COURT

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.

Address:

City-St-Zip:

ROCKLEDGE, FL 32955

SIGNATURE: BOBBY FLECKINGER **PRES** 08/11/2009