

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000091480

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** PARA BELLUM PRODUCTS, INC.

**Current Principal Place of Business:**

4245 SHADOW LANE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

4245 SHADOW LANE  
NICEVILLE, FL 32578

**New Mailing Address:**

P.O. BOX 5252  
NICEVILLE, FL 32578

**FEI Number:** 27-4082004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HORMBERG, ANGELA G  
4245 SHADOW LANE  
NICEVILLE, FL 32578 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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** HORMBERG, BRIAN C  
**Address:** 4245 SHADOW LANE  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** SEC  
**Name:** HORMBERG, ANGELA G  
**Address:** 4245 SHADOW LANE  
**City-St-Zip:** NICEVILLE, FL 32578

I hereby 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 all other like empowered.

**SIGNATURE:** ANGELA G. HORMBERG

SEC

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date