

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000008601

Entity Name: BLACKSWORD ARMOURY, INC.

FILED
Mar 25, 2005
Secretary of State

Current Principal Place of Business:

22516 E CR1474
HAWTHORNE, FL 32640 US

New Principal Place of Business:

Current Mailing Address:

22516 E CR1474
HAWTHORNE, FL 32640 US

New Mailing Address:

FEI Number: 59-3163495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELL, JON
22516 EAST CR. 1474
HAWTHORNE, FL 32640 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: PSTM () Delete
Name: ANGELL, CHARLES
Address: 22516 E CR 1474
City-St-Zip: HAWTHORNE, FL 32640

Title: STM () Delete
Name: ANGELL, CHARLES J.
Address: 22516 E CIR 1474
City-St-Zip: HAWTHORNE, FL 32640

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTM (X) Change () Addition
Name: ANGELL, JON
Address: 22516 E CR 1474
City-St-Zip: HAWTHORNE, FL 32640 US

Title: STM (X) Change () Addition
Name: ANGELL, JON
Address: 22516 E CIR 1474
City-St-Zip: HAWTHORNE, FL 32640 US

Title: VP () Change (X) Addition
Name: WESTERMAN, JOANNE
Address: 5911 BELLONA AVE.
City-St-Zip: BALTIMORE, MD 21212 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JON ANGELL

PRES

03/25/2005

Electronic Signature of Signing Officer or Director

Date