2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# P93000008601

Entity Name: BLACKSWORD ARMOURY, INC.

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, JON
Address: 22516 E CR 1474
City-St-Zip: HAWTHORNE, FL 32640 US

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

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

Title: T ( ) Delete
Name: PARROTT, ANTHONY T
Address: 417 OAK COURT
City-St-Zip: CATONSVILLE, MD 21228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JON ANGELL PRES 04/01/2009

Electronic Signature of Signing Officer or Director Date