

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033617

FILED
Apr 30, 2007
Secretary of State

Entity Name: ARMADA CAPITAL CORPORATION

Current Principal Place of Business:

525 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

525 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0854342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELLER, RONALD J ESQ
525 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401 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: PD () Delete
Name: ZELLER, RONALD J
Address: 525 SOUTH FLAGLER DRIVE, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: ZELLER, LUCILLE B
Address: 525 SOUTH FLAGLER DRIVE, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD () Delete
Name: ZELLER, SUZANNE T
Address: 525 SOUTH FLAGLER DRIVE, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V () Delete
Name: ZELLER, KEVIN R
Address: 525 SOUTH FLAGLER DRIVE, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS () Delete
Name: ZELLER, SANDRA
Address: 525 SOUTH FLAGLER DRIVE, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V () Delete
Name: ZELLER, JOHN F
Address: 525 SOUTH FLAGLER DRIVE, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

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:

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: RONALD J ZELLER

PD

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date