2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF

Jan 26, 2006 08:00 AM Secretary of State **DOCUMENT # P98000051554** Entity Name KNIGHT SHOOTING SPORTS, INC. Principal Place of Business Mailing Address 12000 US HWY. 19 N. 12000 US HWY. 19 N. CLEARWATER, FL 33764 US CLEARWATER, FL 33764 US 01192006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3530643 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEVEN GARELLEK, ADORNO & YOSS, P.A. DO NOT WRITE 700 S. FEDERAK HWY., SUITE 200 BOCA RATON, FL 33432 IN THIS SPACE 8. 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. I am famillar with, and accept the obligations of registered agent. [NOTE. Registered Agent algorature required when reinstating] 1/00000402281 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 02/03/06-80001-024 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE NAME MARTENFELD, EDWARD STREET ADDRESS 12000 US HWY 19 N CLEARWATER, FL 33764 CITY-ST-ZIP TITLE MARTENFELD, EVA MARNI NAME 12000 US HWY 19 N STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 VPST TITLE MARTENFELD, MARK NAME STREET ADDRESS 12000 US HWY 19 N DO NOT WRITE CITY-ST-ZIP CLEARWATER, FL 33764 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #