2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 28, 2008 08:00 A Secretary of State **DOCUMENT # S22020** 1. Entity Name LINCOLN ARMS CORPORATION Principal Place of Business Mailing Address 5030 14TH ST. WEST 5030 14TH ST. WEST BRADENTON, FL 34207 BRADENTON, FL 34207 No Chg-P CR2E034 (11/05) 01032008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0232654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HAMRICK, MICHAEL M. DO NOT WRITE 1205 MANATEE AVE. WEST **BRADENTON, FL 34205** IN THIS SPACE 6. 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 familiar with, and accept the obligations of registered agent. SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BOUWER, DONALD J. MALIF STREET ADDRESS 5030 14TH ST W CITY-ST-ZIP BRADENTON, FL TITLE NAME STREET ADORESS CITY-ST-ZIP U00000800780 TITLE 01/31/08-80032-001 150.00 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

puun

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941-741-1055