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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------|---------------------|
| No. <b>C 153046</b>                                                                                                                                    |                  | <b>Due no later than Feb 28, 2014</b>                                                                                                                                                                |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TACTICAL INNOVATIONS INC.<br>CRAIG A WHEATLEY<br>345 SUNRISE ROAD<br>BONNERS FERRY ID 83805<br>USA |               | CRAIG WHEATLEY<br>345 SUNRISE RD<br>BONNERS FERRY ID 83805 |                     |
|                                                                                                                                                        |                  |                                                                                                                                                                                                      |               | 3. <u>New</u> Registered Agent Signature:*                 |                     |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |                                                                                                                                                                                                      |               |                                                            |                     |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                                                                 | City          | State                                                      | Country Postal Code |
| PRESIDENT                                                                                                                                              | CRAIG A WHEATLEY | 345 SUNRISE ROAD                                                                                                                                                                                     | BONNERS FERRY | ID                                                         | USA 83805           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 153046</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Craig Wheatley<br>Name (type or print): Craig Wheatley<br>Date: 12/20/2013<br>Title: President                                                       |               |                                                            |                     |
| Processed 12/20/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                            |               |                                                            |                     |