2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM **DOCUMENT # 489125 Secretary of State** 1. Entity Name J.W. AUSTIN INDUSTRIES, INC. Principal Place of Business Malling Address 7713 ELLIS ROAD 7713 ELLIS ROAD W. MELBOURNE, FL 32904 W. MELBOURNE, FL 32904 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1729633 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRESE, GARY, B, ESQ DO NOT WRITE 930 S HARBOR CITY BLVD., SUITE 505 MELBOURNE, FL 32901 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 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. VDPS TITLE MURPHY, LUCILLE A. NAME 7713 ELLIS ROAD STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL TITLE AUSTIN, STEPHEN C NAME 7713 ELLIS RD STREET ADDRESS CITY-ST-ZIP MELBORNE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP N THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS

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 other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07 321-723-2422

FILED