


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

05-31-2006 90009 004 \*\*\*550.00

**DOCUMENT # F0000005415**

1. Entity Name  
**CRITICAL FASTENER, INC.**



Principal Place of Business      Mailing Address

**7571 MONTE VERDE LN  
 WEST PALM BEACH, FL 33412**      **2175 STEPHENSON HWY.  
 TROY, MI 48083**

66020320



01132006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-2632467**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GUERRIERI, DAVID  
 7571 MONTE VERDE LN  
 WEST PALM BEACH, FL 33412**

**DO NOT WRITE 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: *Lexina Blanton*      *Lexina Blanton Controller*      *3-27-06*  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE


**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUERRIERI, DAVID 7571 MONTE VERDE LN WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARK, MICHAEL 2175 STEPHENSON HWY TROY, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**PAID**



**DO NOT WRITE IN THIS SPACE**

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: *David Guerrieri*      *6/24/06*      *248-619-7800*  
Signature, typed or printed name of signing officer or director      Date      Daytime Phone #

*David Guerrieri*