2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 25, 2008 8:00 am Secretary of State DOCUMENT # J79970 1. Entity Name 02-25-2008 90065 018 ***150 00 UNAFLEX, INC. Principal Place of Business Mailing Address 1715 HIGHWAY 29 SOUTH 1715 HIGHWAY 29 SOUTH ANDERSON, SC 29626 ANDERSON, SC 29626 2. Principal Place of Business - No P.O. Box # 3901 WE 13 AVE Suite, Apt. #, etc. 3. Mailing Address 5088 P.O. Box 02192008 Cha-P CR2E034 (12/06) City & State Pompano Beach 71A City & State 4. FEI Number Applied For FORT LAUDORDALE, FLA 11-2305936 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ÜSA 33064 3331*0* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURDOCH, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) FLEMING, O'BRYAN & FLEMING 1415 EAST SUNRISE BLVD., 7TH FLOOR FORT LAUDERDALE, FL 33304 City Zip Code F١ 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) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE P Delete TITLE Change ☐ Addition WHITE, HOWARD D. NAME NAME STREET ADDRESS STREET ADDRESS 3901 NE 12TH AVE CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE WHITE, HORACES NAME NAME STREET ADDRESS 3901 NE 12TH AVE STREET ADDRESS POMPANO BEACH, FL 33064 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 peptra as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmental an address, with all other like empowered. SIGNATURE:

CITY-ST-ZIP