2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 18, 2007 08:00 AM DOCUMENT # P04000027689 **Secretary of State DUCTMASTER CORPORATION** Principal Place of Business Mailing Address 1611 WADE RD **1611 WADE RD** TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 CR2E034 (11/05) No Cha-P 05142007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3087686 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent DOTY, JAMES R DO NOT WRITE **1611 WADE RD** TALLAHASSEE, FL 32310 IN THIS SPACE 3. The above named entity subgrits 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. **PSTD** TITLE DOTY, JAMES R MAME 1611 WADE RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 U00000769332 07/18/07-80001-024 ISO.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 affect 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 ampowered.

SIGNATURE:

E OF MOKING OFFICER OR DIRECTOR

Date 0 7

Daylime Phone #

FILED