2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 13, 2008 08:00 AN Secretary of State DOCUMENT # P04000032066 1. Entity Name HUSSEY SHEETMETAL, INC. Principal Place of Business Mailing Address 187 SW 15 ST 187 SW 15 ST DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0684636 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUSSEY, ROY Street Address (P.O. Box Number is Not Acceptable) 187 SW 15 ST DEERFIELD BEACH FL 33441 City Zib Code 8. The above named entity submits this statement for the purcose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with land accept the obligations of registered agent. Signature, typod or printed harm of registared agent and title Hacpi cable (NOTE: Registered Agent's grutture required which represent gr DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D/O U00000825794 Change TIT: F Delete TITLE Addition 02/21/08-80025-004 150.00 NAME HUSSEY, ROY NAME STREET ADDRESS 187 SW 15 ST STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CHY-SL-76 TITLE Defele TITLE ☐ Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-7E THE ☐ Derete TITLE Change Addition MALLE HAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 1113:1-De'ete TITLE ☐ Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-S1-ZIP III. E De:ele HILE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-S1-ZIP TITI.E Do-ete THE Charige Addition . NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

Livereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplierrental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that tarm 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: