2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED DOCUMENT # P05000137220 Aug 20, 2008 08:00 AM Secretary of State 1. Entity Name HART WELDING INC Principal Place of Business Mailing Address 1422 WYNGATE LA 1422 WYNGATE LA LAKELAND, FL 33809 LAKELAND, FL 33809 08122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3598125 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HART, CHRISTOPHER J OONOTWRITE 1735 LOWERY AVE LAKELAND, FL 33801 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$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 12, 2008 OFFICERS AND DIRECTORS 10. TITLE HART, MICHAEL F NAME STREET ADDRESS 1422 WYNGATE LA CITY-ST-ZIP LAKELAND, FL 33809 TITLE U00000958013 HART, CHRISTOPHER J NAME 08/20/08-80002-008-150.00 STREET ADDRESS 1735 LOWERY AVE CITY-ST-ZIP LAKELAND, FL 33801 BILLE MART, JEAN NAME 1422 WYNGATE LANE STREET ADDRESS DO NOT WRITE CITY-ST-7/P LAKELAND, FL 33809 TITLE INTHIS SPACE NAME HART, CAROLYN STREET ADDRESS 1735 LOWRY AVE CITY-ST-ZIP LAKELAND, FL 33801 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 a 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.

NAME STREET ADDRESS CITY-ST-ZIP

Michael FiHAet 8-18-08