## 2008 FOR PROFIT CORPORATION

## Jul 24, 2008 8:00 am **Secrétary of State ANNUAL REPORT** 06-30-2008 90021 047 \*\*\*550.00 DOCUMENT # P94000038068 3-D MACHINING, INC. Principal Place of Business Mailing Address 1006 WEST 15TH STREET 1006 WEST 15TH STREET 66015571 RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 06032008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0488602 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 City Zip Code 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition 🔀 TILE Delete TITLE KOUIN R MO CARTHY 245 FIFTH AVE DAVIS, JAMES E NAME 13188 FLAMINGO TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP New YORK, NY CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE Delete TITLE -Addition with Mullime n ivilling road West NAME DAVIS, JAMES E JR NAME 120 W. RIVERSIDE DR STREET ADDRESS STREET ADDRESS OAFOIK, CT 06058 CITY-ST-ZIP JUPITER, FL 33469 CITY-ST-7/P TITLE Delete TITLE Change Addition A. MATENER DAVIS, JOSEPH H NAME NAME STREET ADDRESS 18723 RIO VISTA DR. STREET ADDRESS New York NY 10021 CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP Change TITLE Delete TIT) F Maddition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-78 TITLE Delete TITLE [ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 effect as if made under eath; 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

ke empowered.

changed, or on an attachment with an address, with all other

SIGNATURE:

**FILED**