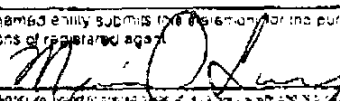
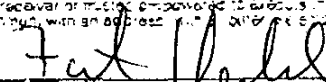


11:42  
10:01

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90374 006 \*\*\*150.00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                   |                                                       |                                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 263707</b><br>1. Entity Name<br><b>TAMPA BOLT AND SCREW CO., INC.</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                 |  |                                                       | <b>40061012</b>                                                                                                                                                                                           |  |
| Principal Place of Business<br><b>1913 FLAGLER STREET<br/>TAMPA, FL 33605</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                 | Mailing Address<br><b>144 INDUSTRIAL DR<br/>BIRMINGHAM, AL 35211</b>              |                                                       |                                                                                                                                                                                                           |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 | 3. Mailing Address                                                                |                                                       | 02212006 Cng-P CR2E034 (11/05)                                                                                                                                                                            |  |
| Suite, Apt #, etc                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 | Suite, Apt #, etc                                                                 |                                                       | 4. FEIN Number<br><b>58-0991402</b>                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 | City & State                                                                      |                                                       | Applied For<br>Not Applicable                                                                                                                                                                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 | Country                                                                           |                                                       | 5. Certificate of Status Overdue <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><b>BETHEL, MIKE<br/>5436 VERNON ROAD<br/>JACKSONVILLE, FL 32209</b>                                                                                                                                                                                                                                                                                                                  |                                                                 |                                                                                   |                                                       | 7. Name and Address of New Registered Agent<br>Name <b>Mike Lavelly</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1913 Flagler Street</b><br>City <b>Tampa</b> FL Zip Code <b>33605</b> |  |
| 8. The above named entity submits this Declaration 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  <b>Mike Lavelly</b> Date <b>2/21/06</b>                                                                                                                                                                                                                                                                                                   |                                                                 |                                                                                   |                                                       |                                                                                                                                                                                                           |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee                                                                                                                                                                                                                                                                                                                           |                                                                 |                                                                                   |                                                       |                                                                                                                                                                                                           |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$350.00</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                                                                                   |                                                       |                                                                                                                                                                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                       | VP<br>HARDIE, SYD<br>1913 FLAGLER ST.<br>TAMPA, FL              | <input type="checkbox"/> Delete                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                       | SO<br>YEILDING, FLETCHER<br>144 INDUSTRIAL DR<br>BIRMINGHAM, AL | <input type="checkbox"/> Delete                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                       | S<br>WALTON, J.M.<br>144 INDUSTRIAL DR<br>BIRMINGHAM, AL        | <input checked="" type="checkbox"/> Delete                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 | <input type="checkbox"/> Delete                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 | <input type="checkbox"/> Delete                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 | <input type="checkbox"/> Delete                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                         |  |
| 12. I hereby certify that the information supplied with this filing about me, and that the information furnished in Chapter 119, Florida Statutes, is true and correct. I am the 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 attached page, with an address. |                                                                 |                                                                                   |                                                       |                                                                                                                                                                                                           |  |
| SIGNATURE:  (205) 949-4105                                                                                                                                                                                                                                                                                                                           |                                                                 |                                                                                   |                                                       |                                                                                                                                                                                                           |  |