2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2012
Secretary of State

DOCUMENT# 292857

Entity Name: CERTIFIED SLINGS, INC.

Current Principal Place of Business:

310 W MELODY LANE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 180127
CASSELBERRY, FL 327180127 US

New Mailing Address:

FEI Number: 59-6064798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WORSWICK, DOUGLAS J
310 W MELODY LANE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEOD
Name: WORSWICK, DOUGLAS J
Address: 1625 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: P/D
Name: WORSWICK, DENNIS E
Address: 1881 BLUE RIDGE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: V/D
Name: PARKERSON, NICOLE R
Address: 1129 N PENNSYLVANIA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: V/D
Name: WORSWICK, ERIC J
Address: 1450 LAKE BALDWIN LANE, APT B
City-St-Zip: ORLANDO, FL 32814

Title: V
Name: GAHNZ, CONNIE B
Address: 1025 PINE SHADOW DRIVE
City-St-Zip: APOPKA, FL 32712

Title: V
Name: LAKE, DAVID B
Address: 4311 FULTON CIRCLE
City-St-Zip: FT MYERS, FL 33905

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CONNIE B GAHNZ VP 03/22/2012

Electronic Signature of Signing Officer or Director — Date