02/21/2006 11:31 HOUSE OF THREADS - ORLANDO → 1205380
02/21/2006 11:09 ACCTS PAYABLE → 14078257

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Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90374 005 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 336037

1. Entity Name
ORLANDO BOLT & SCREW CO

40061072

Principal Place of Business	Mailing Address
2101 DIVISION AVE ORLANDO, FL 32805	144 INDUSTRIAL DR. BIRMINGHAM, AL 35211

02212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-1220606
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BETHEL, MIKE 5438 VERNON ROAD JACKSONVILLE, FL 32209	Name: Marty Morrison Street Address (P.O. Box Number is Not Acceptable): 2101 Division Avenue City: Orlando FL Zip Code: 32805

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: Marty Morrison DATE: 2-21-06
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YEILDING,FLETCHER 144 INDUSTRIAL DR. BIRMINGHAM, AL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WALTON, J.M. 144 INDUSTRIAL DR. BIRMINGHAM, AL	☒ Delete	Secretary Foster Fielding 144 Industrial Drive Birmingham, AL 35211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEAL, NICK 2101 S. DIVISION AVE. ORLANDO, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 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: [signature] (205) 949-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #