2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2006 08:00 AM Secretary of State **DOCUMENT # 353448** 1. Entity Name THOMPSON EQUIPMENT CORPORATION Principal Place of Business Mailing Address 3500 W. 8TH ST. RIVIERA BEACH FL 33404 3500 W. 8TH ST. RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1319781 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORBES, SCOTT M Street Address (P.O. Box Number is Not Acceptable) 13794 53RD CT N ROYAL PALM BCH FL 33411 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 tNOTE Registered Agent signature required when rounstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete 7111.5 ☐ Change Addition NAME FORBES, SCOTT M. NAME STREET ADDRESS 13794 53RD CT N STREET ADDRESS U00000534608 05/08/06-80019-011 150.00 CITY - ST- 772 ROYAL PLM BCH, FL 00000 CITY-ST-ZIP 727) F Delete THE ☐ Change ☐ Addition NAME MANAG STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleto Change 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZW CITY-ST-ZIP TITLE ☐ Deteie KILE ☐ Addition ☐ Change NAME STREET ADDRESS STREET AODRESS CITY-SI-70P CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 loddress, with all other like empowered.

SIGNATURE:

Scott Forbes

4/24/06

FILED

56-840-0447