2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2008 08:00 AM Secretary of State **DOCUMENT # 364750** 1. Eptity Name FLAMEX INDUSTRIES, INC. Principal Place of Business Mailing Address 1630 22ND STREET NORTH ST PETERSBURG FL 33713 1630 22ND STREET NORTH ST PETERSBURG FL 33713 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1302951 Not Applicable ZιD Country Zin 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 RACKLEY, NANCY J Street Andress (P.O. Box Number is Not Acceptable) 6800 - 10TH AVE N ST PETERSBURG FL 33710 City Zip Code FI 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 repried pame of required agent and tills if simplicable. (NOTE: Registered Adam) signature required when remetating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MD TITLE De-ete TITLE Change Addition JOHNSON, DEÀN F. U00000933682 05/23/08-80001-024 150.00 NAME NAME STREET ADDRESS 10 MARINA TERRACE STREET ADDRESS City-St-Zip TREASURE ISLAND FL CITY-ST-ZIP TITLE STD Derete TITLE ☐ Change Addition NAME SAMUELS, ALLEN R MARAE STREET ADDRESS 6740 CROSSWINDS DR.N.-C STREET ADDRESS CITY+ST-ZI2 ST PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete PDDC TITLE Change Addition NAME RACKLEY, NANCY J MAME STREET ADDRESS 6800-10TH AVE N STREET ADDRESS CITY-ST-ZIP ST PETE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect 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 empowerer.

SIGNATURE:

SIG

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information