2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 397673

Entity Name: ALLIED MACHINERY, INC

1124 S WOODS AVE

ORLANDO, FL

Address: City-St-Zip: FILED Mar 14, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|--|----------------------------------|---|--|--|
| 1124 S W | OODS AVENU D, FL 32805 | | · | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | OODS AVENUI D, FL 32805 | ≣ | | | |
| FEI Number | : 59-1396093 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| CAPPS, D 1124 S WO ORLANDO | DODS AVENU | _ | | | |
| | e named entity s e of Florida. | submits this statement for the p | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PT () CAPPS, DAYTO 1124 S WOODS ORLANDO, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () CAPPS, DAYTO 1124 S WOODS ORLANDO, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | S () CAPPS, RINA K | Delete | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DAYTON CAPPS PT 03/14/2005