2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 08:00 AN Secretary of State **DOCUMENT # 450170** NOSUN ENGINEERING SALES, INC. Mailing Address Principal Place of Business 1433 S FT HARRISON AVE 1433 S FT HARRISON AVE SUITES E&F SUITES E&F CLEARWATER, FL 33756 CLEARWATER, FL 33756 No Chg-P CR2E034 (11/05) 02112008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1536807 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PARKS, LINDA J 171 MARINA DEL REY CT CLEARWATER BEACH, FL 33767 IN THIS SPACE 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, typed or printed rigme of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) TIAIT U000000894763 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/24/08-80039-015 150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PARKS, LINDA J NAME 171 MARINA DEL REY CT STREET ADDRESS CITY-ST-ZIP CLEARWATER BEACH, FL 33767 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I nereby 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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED