2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2007 8:00 am Secretary of State **DOCUMENT # 665265** 04-25-2007 90184 014 ***150.00 RUDE-CO. INDUSTRIES INC. Principal Place of Business Mailing Address 3621 OLD DELAND RD. DAYTONA BCH. FL 32124 3621 OLD DELAND RD. DAYTONA BCH. FL 32124 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-1990066 Not Applicable Zip Country Zip 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 WELLS, JERRY B. 648 S. RIDGEWOOD AVE. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32014 Zip Code FŁ 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete MLE ☐ Change Addition SWARTZ, ROGER L. NAME NAME 5738 FOXHOLLOW RD. STREET ADDRESS STREET ADDRESS DE LEON SPRINGS FL 32130 CITY-ST-ZIP CITY-S1-ZIP HOE Delete TITLE ☐ Change Addition SWARTZ, LINDA K. NAME NAME 5738 FOXHOLLOW RD. STREET ADDRESS STREET ADDRESS DE LEON SPRINGS FL 32130 CITY-ST-7IP CITY - \$1 - 7IP IIIŒ Delete DILE. Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TITLE ☐ Delele TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 eath; that I am an officer or director of the corporation or the regeiver of 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 the corporation or the regeiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of the corporation or the receiver of trustee emporif changed, or on an attachment with an address

CITY ST-ZIP

C0Y-S1-7IP

LINDAK SWARTZ 4-16-07

OR DIRECTOR Deve 386 20 4 732 SIGNATURE: