2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 21, 2007 8:00 am Secretary of State DOCUMENT # F03000004191 05-21-2007 90058 046 ***150.00 PERMA-LINER INDUSTRIES, INC. Principal Place of Business Mailing Address 6196 126TH AVENUE NORTH 6196 126TH AVENUE NORTH LARGO, FL 33773 LARGO, FL 33773 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 05082007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3552948 Not Applicable 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 D'HULSTER, JERRY Street Address (P.O. Box Number is Not Acceptable) 6196 126TH AVENUE NORTH LARGO, FL 33773 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 abligations developed force. the obligations of re SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DC: TITLE TITLE Change Delete D'HULSTER, JERRY NAME NAME STREET ADDRESS 6196 126TH AVENUE NORTH STREET ADDRESS CİTY-ST-ZIP 'LARGO, FL 33773~~ CITY-ST-ZIP TITLE ST Detete X Change ☐ Addition TITLE D'Hulster, Stacey D'HULSTER, STACEY NAME NAME 6196 126th Avenue North STREET ADDRESS 6196 TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 CITY-ST-ZIP Largo FL 33773 Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete 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 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 cytustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

Daytime Phone #