2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# F06000006270

Entity Name: FABRICATION SPECIALISTS, INC.

Current Principal Place of Business:

1600 INDUSTRIAL PK CIR
MOBILE, AL 36693

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 9392
MOBILE, AL 36691

New Mailing Address:

FEI Number: 63-0852610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DE STE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: SMITH, DAVID P
Address: 3420 RIVIERE DUCHIEN LP. S
City-St-Zip: MOBILE, AL 36693

Title: VCV ( ) Delete
Name: SMITH, ROBERT M
Address: 3408 GRENADIER CT
City-St-Zip: MOBILE, AL 36695

Title: D ( ) Delete
Name: MCNEELY, DAVID O
Address: 6704 CHIMNEY TOP DR S
City-St-Zip: MOBILE, AL 36695

Title: ST ( ) Delete
Name: SMITH, KAY M
Address: 3420 RIVIERE DUCHIEN LP. S
City-St-Zip: MOBILE, AL 36693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: KAY M. SMITH ST 03/16/2009

Electronic Signature of Signing Officer or Director — Date