2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# F07000002456

Entity Name: CASTLE WIRE, INC.

Current Principal Place of Business:

23420 LORAIN AVE UNIT 200 #227
NORTH OLMSTED, OH 44070

New Principal Place of Business:

30628 DETROIT ROAD, ,#298
WESTLAKE, OH 44145

Current Mailing Address:

23420 LORAIN AVE UNIT 200 #227
NORTH OLMSTED, OH 44070

New Mailing Address:

30628 DETROIT ROAD, ,#298
WESTLAKE, OH 44145

FEI Number: 20-5280338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PVPS ( ) Delete
Name: PORTER, CHRISTOPHER A
Address: 23420 LORAIN AVE UNIT 200 #227
City-St-Zip: NORTH OLMSTED, OH 44070

Title: T ( ) Delete
Name: PORTER, CHRISTOPHER A
Address: 23420 LORAIN AVE UNIT 200 #227
City-St-Zip: NORTH OLMSTED, OH 44070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change ( ) Addition
Name: PORTER, CHRISTOPHER A
Address: 30628 DETROIT ROAD, #298
City-St-Zip: WESTLAKE, OH 44145

Title: T (X) Change ( ) Addition
Name: PORTER, CHRISTOPHER A
Address: 30628 DETROIT ROAD, #298
City-St-Zip: WESTLAKE, OH 44145

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: CHRISTOPHER A. PORTER PVPS 04/23/2009

Electronic Signature of Signing Officer or Director — Date