2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# F98000002256

Entity Name: CONTROLLED BLASTING, INC.

Current Principal Place of Business:

3025 JONES MILL RD.
NORCROSS, GA 30071

New Principal Place of Business:

Current Mailing Address:

3025 JONES MILL RD.
NORCROSS, GA 30071

New Mailing Address:

FEI Number: 58-1399808 **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: STD ( ) Delete
Name: JONES, FRANCES M
Address: 3025 JONES MILL RD
City-St-Zip: NORCROSS, GA 30071

Title: D ( ) Delete
Name: FRITZ, MICHAEL A
Address: 1020 HIGHLANDS PKWY
City-St-Zip: JASPER, GA 30143

Title: CP ( ) Delete
Name: GILMORE, LAWRENCE E
Address: 3025 JONES MILL RD.
City-St-Zip: NORCROSS, GA 30071

Title: VD ( ) Delete
Name: DAUGHDRILL, CURTIS R
Address: 3025 JONES MILL RD.
City-St-Zip: NORCROSS, GA 30071

Title: D (X) Delete
Name: BARNA, JOSEPH
Address: 1200 WILLIAMS DR,, STE 1210
City-St-Zip: MARIETTA, GA 30066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BARNA, JOSEPH
Address: 1200 WILLIAMS DR,, STE 1210
City-St-Zip: MARIETTA, GA 30066

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

Title: D (X) Change ( ) Addition
Name: DAUGHDRILL, CURTIS R
Address: 8475 HIGHWAY 89
City-St-Zip: MILTON, FL 32570

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: FRANCES M. JONES STD 03/25/2009

Electronic Signature of Signing Officer or Director — Date