2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2005 8:00 am Secretary of State DOCUMENT # G20161 1. Entity Name 05-04-2005 90105 047 ***158.75 DAIGLE TOOL & DIE, INC. Principal Place of Business Mailing Address C/O MARGARET D. DAIGLE 764 NE 42ND ST 764 NE 42ND ST POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2260306 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 Name DAIGLE, MARGARET D. Street Address (P.O. Box Number is Not Acceptable) 764 NE 42ND ST POMPANO BEACH FL 33064 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 obligations of registered agent. SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition Delete Change ROBERT To DAIGLE NAME DAIGLE, MARGARET D. NAME STREET ADDRESS **764 NE 42 STREET** STREET ADDRESS 764 N.E. 47,00 CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME DAIGLE, ROBERT J NAME 764 N.E. 42ND STREE STREET ADDRESS **764 NE 42 STREET** STREET ADDRESS POMPANO BEACH FL 33064 POMPANO BEACH . F. CITY-ST-ZIP CITY-ST-ZIP ಶಿತಿಂಟ Delete TITLE TITLE CAPOLE DAIGLE NAME NAME DAIGLE, MARGARET D 764 N.E. AZNA STREET STREET ADDRESS STREET ADDRESS 764 NE 42 STREET CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-7IP TITLE THUE Defete ☐ Addition DAIGLE, ROBERT V. NAME NAME STREET ADDRESS **764 NE 42 STREET** STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-7IP CITY-ST-78P TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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 changed, or on an attachment with an address, with all other like empowered.

MARGAREY D. DAIRIE 4-27-05 934-448-5207 OBJECTOR DEVICE PHONE

FILED