2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G20161

Title:

Name: Address:

City-St-Zip:

Entity Name: DAIGLE TOOL & DIE INC

FILED Apr 14, 2009 Secretary of State

| , | mer by well | TOOL & BIL, IIVO. | | | |
|---|--------------------------------------|----------------------------------|---|---|--|
| Current P | rincipal Place | e of Business: | New Principal Place of Business: | | |
| 764 NE 42 | GARET D. DAI ND ST O BEACH, FL | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 764 NE 42 POMPANO | ND ST D BEACH, FL | 33064 | | | |
| FEI Number: | : 59-2260306 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| 764 NE 42 | MARGARET D ND ST D BEACH, FL | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Electronic Signature of Registered Ager | | | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | DAIGLE, ROBE 764 N.E. 42ND | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DAIGLE, MARG 764 NE 42 STE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DAIGLE, CARO 764 NE 42 STE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT J. DAIGLE P 04/14/2009

() Delete

POMPANO BEACH, FL 33064

DAIGLE, MARGARET D.

764 NE 42 STREET

() Change () Addition