2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 01, 2006 08:00 AM Secretary of State DOCUMENT # G23499 1. Entity Name SOUTHERN INDUSTRIAL SERVICE, INC. Principal Place of Business Mailing Address 5453 W. WATERS AVE 5453 W. WATERS AVE SUITE 100 SUITE 100 **TAMPA FL 33634 TAMPA FL 33634** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2259378 Not Applicate Zio Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GELLER, JACK J 2560 GULF TO BAY BLVD Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34625 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May E. 9. Election Campaign Financing - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILL PTS ☐ Delete TITI E ☐ Change ☐ Addition NAME MOYA, THOMAS NAME U00000550650 05/13/06-90070-011 150.00 STREET ADDRESS 19207 EASTBROOK DR. STREET ADDRESS CITY-SI-ZIP ODESSA FL 33556 CITY ST-ZIP TITLE Delete Change ∏ Additio NAME MOYA, JOSEPHINE PLANAL STREET ADDRESS 19207 EASTBROOK DR. STREET ADORESS CHY-ST-ZIF ODESSA FL 33556 CITY -ST-ZIP TITLE ☐ Defete TITLE Change. T Adding NAME MOYA, FRANK NAME STREET ADDRESS 19207 EASTBROOK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ODESSA FL 33558 TITLE ☐ Defete SET S ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change T Address NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP THILE ☐ Delete HILE Change Matini. NAME NAME STREET ADDRESS STREET ADDRESS CSTY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 path, 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

FILED

813-926-8411

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