2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

MENT # G61627 ST HEAT TREAT, INC.					04-19-2007 9	90194 029 ***15	8.75	
	Maritima Arthurum			יטם	300-			
e of Business RIAL WAY EACH, FL 33426	507 INDUSTRIAL WAY	426 .				6161) 31611 61811 81811 81811 SIR	17 FB 1 (1 188)	
lace of Business - No P.O. Box #	3. Mailing Address							
#, etc.	Suite, Apt. #, etc.			04172007	Chg-P	CR2E034 (12/06)		
е	City & State			1		} - - 	oplied For ot Applicable	
Country	Zip -	Country	······································			Fee Require		
6. Name and Address of Current	Registered Agent	Namo		7. Name and	Address of New Re	egistered Agent		
PORERT H		Name						
BRISELL, ROBERT H. 4704 W SOUTH AVENUE TAMPA, FL 33614		Street A	Street Address (P.O. Box Number is Not Acceptable) 400 FENTRESS BLVD					
		City	AYT	ONA BE	ACH			
named entity submits this statement folions of registered agent.	r the purpose of changing its re	gistered office of	r regišter	ed agent, or bot	h, in the State of Flo	rida. I am familiar with,	and accept	
Signature, typed or crinted name of registered agent a	and title if applicable (NOTE, R	legistered Apent signat	nie redmied	when reinstating)		DATE		
E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.6	Tours Front County				-	-		
OFFICERS AND				1	CHANGES TO OFFI			
	DIRECTORS	11.		ADDITIONS/	0	CERS AND DIRECTOR	S IN 11	
C PRISELL CORECT H	DIRECTORS Delete	TITLE				(X Change	S IN 11	
BRISELL, ROBERT H.		TITLE NAME	400			(X Change		
BRISELL, ROBERT H. 4704 W SOUTH AVE		TITLE	400			(X Change		
BRISELL, ROBERT H. 4704 W SOUTH AVE TAMPA, FL 33614 P MCPEEK, JENNIFER L		TITLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME	400 D A		ess Blud Beach, FL	(X Change		
BRISELL, ROBERT H. 4704 W SOUTH AVE TAMPA, FL 33614 P	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	400 D A			XChange 32114	☐ Addition	
BRISELL, ROBERT H. 4704 W SOUTH AVE TAMPA, FL 33614 P MCPEEK, JENNIFER L 507 INDUSTRIAL WAY BOYNTON BEACH, FL 33426 T GAYNE, JOANNE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	400 D A			XChange 32114	☐ Addition	
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BRISELL, ROBERT H. 4704 W SOUTH AVE TAMPA, FL 33614 P MCPEEK, JENNIFER L 507 INDUSTRIAL WAY BOYNTON BEACH, FL 33426 T GAYNE, JOANNE 507 INDUSTRIAL WAY BOYNTON BEACH, FL 33426 V HUTCHINSON, STEVE 507 INDUSTRIAL WAY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 D A			3 2/14 ☐ Change	Addition Addition	
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	ST HEAT TREAT, INC. e of Business RIAL WAY EACH, FL 33426 face of Business - No P.O. Box # #, etc. e Country 6. Name and Address of Current ROBERT H. OUTH AVENUE L 33614 In named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a	ST HEAT TREAT, INC. e of Business	Mailing Address RIAL WAY EACH, FL 33426 Mailing Address S07 INDUSTRIAL WAY BOYNTON BEACH, FL 33426 Mailing Address Mailing	Mailing Address Place of Business Mailing Address Place of Business Mailing Address Place of Business - No P.O. Box # Soft INDUSTRIAL WAY PLACH, FL 33426 BOYNTON BEACH, FL 33426 Mailing Address Place of Business - No P.O. Box # Suite, Apt. #, etc. Place of Business - No P.O. Box # Su	A UNIT STREAT, INC. The of Business Mailing Address State Solve Solve Solve State Solve State Solve State Solve State Solve Solve State Solve S	e of Business	ST HEAT TREAT, INC. e of Business RIAL WAY SOT INDUSTRIAL WAY BOYNTON BEACH, FL 33426 face of Business - No P.O. Box # 3. Mailing Address face of Business - No P.O. Box # 3. Mailing Address w. etc. City & State Country Country Country Country Country Lip Country Country Street Address of Stratus Desired ROBERT H. OUTH AVENUE L 33614 City DAY TONA BEACH City DAY Country City DAY TONA BEACH City DAY Country City DAY TONA BEACH City DAY Country City DAY C	

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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 life empowered.

SIGNATURE:

561-176-7763