2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 08:00 AM Secretary of State

| ANNUAL REPORT | | | | May 03, 2007 08:00 | | | | |
|--|--|-------------------------------|---|---|-----------------------------|----------------|------------------------|------------|
| 1. Entity Nam | MENT # H37169 DLA METAL FINISHING INCO | | | S | ecre | etary of S | State | |
| Principal Place of Business Mailing Address 2550 DINNEEN AVENUE 0RLANDO, FL 32804 0RLANDO, FL 32804 | | | | - - - - - - - - - - - - - - - - - - - | 18 1944 18881 1888 6WE 1841 | | 171 | J i |
| C | OO NOT WRITE | CE | 04302007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable | | | | | |
| | | | | | of Status Desired | M | \$8.75 Additional | 38016 |
| 2550 DINN | 6. Name and Address of Current Reg AN, F. SMITH NEEN AVE. D, FL 32804 | DO NOT WRITE IN THIS SPACE | | | | | | |
| | e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and to | | I de la constitue de la constitue de la constitue de la constitue requirece de la constitue d | | th, in the State of Flo | rida. I am | familiar with, and ac | cept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | .00 May Be ed to Fees | | | | |
| 10. | OFFICERS AND DIR | ECTORS | | | | | | |
| NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME | PD ROACH, C. DAVID 2550 DINNEEN AVE. ORLANDO, FL STD COACHMAN, F. SMITH | | | | 00/ 05/25. | 00007 /07-8 | '60222 '80004-016 1 | 58.75 |
| STREET ADDRESS CITY-ST-ZIP | 2550 DINNEEN AVE. ORLANDO, FL | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT W | RIT | E | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | | | | |
| TITLE NAME | | | } | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

ENGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

407-291-1023