2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 13, 2006 08:00 AM Secretary of State **DOCUMENT # J59823** WELD RITE RAILINGS, INC. Principal Place of Business Mailing Address **5310 LEGEND HILLS LANE** P.O. 80X 15750 SPRING HILL, FL 34609 BROOKSVILLE, FL 34604 03272006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2781117 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATRICK, PATTI S. DO NOT WRITE 2154 MARINER BLVD SPRING HILL, FL 34609 IN THIS SPACE . 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_ Signature, typed or privised raine of regresered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 8. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fee 10. OFFICERS AND DIRECTORS PD TITLE MANIATIS, JAMES U. MAME STREET ADDRESS PO BOX 15750 U80000506535 04/27/06-80027-007⁻⁻150.00 SPRING HILL, FL 34604 CITY-ST-ZP DILE VP MANIATIS, KAREN C. NAME STREET ADDRESS **PO BOX 15750** SPRING HILL, FL 34604 CITY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE ದಿಗಳ-೮1-219 nneIN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 sustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Black 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Y

NAME STREET ACCIDENCES ध्राप-डा-यर TITLE NAME STREET ADDRESS CRY-ST-ZP

James U.Maniatio Pres 4-106