2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# J74989

Entity Name: BERNIE'S TOOL & FASTENER SERVICES, INC.

Current Principal Place of Business:

% BERNARD E. HAIM
4211 HWY AVE.
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

% BERNARD E. HAIM
4211 HIGHWAY AVE.
JACKSONVILLE, FL 32254 US

Current Mailing Address:

% BERNARD E. HAIM
4211 HWY AVE.
JACKSONVILLE, FL 32254 US

New Mailing Address:

% BERNARD E. HAIM
4211 HIGHWAY AVE.
JACKSONVILLE, FL 32254 US

FEI Number: 59-2799805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAIM, BERNARD E.
4211 HWY AVE.
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

HAIM, BERNARD E.
4211 HIGHWAY AVE.
JACKSONVILLE, FL 32254 US

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.

SIGNATURE: _____ 04/09/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HAIM, EVEANN B.,
Address: 4211 HWY AVE.
City-St-Zip: JACKSONVILLE, FL 32254

Title: PD ( ) Delete
Name: HAIM, BERNARD E
Address: 4211 HWY AVE.#3
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HAIM, EVEANN B.,
Address: 4211 HIGHWAY AVE.
City-St-Zip: JACKSONVILLE, FL 32254

Title: PD (X) Change ( ) Addition
Name: HAIM, BERNARD E
Address: 4211 HIGHWAY AVE.
City-St-Zip: JACKSONVILLE, FL 32254

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.

SIGNATURE: OFFICE MANAGER - DEDRIA JARRIEL OMGR 04/09/2008
Electronic Signature of Signing Officer or Director — Date