


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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| DOCUMENT # K04008 1. Entity Name J. PARK WELDING, INC. |  |
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| Principal Place of Business 740 S DEERFIELD AVE UNIT 3 DEERFIELD BEACH, FL 33441 | Mailing Address 740 S DEERFIELD AVE UNIT 3 DEERFIELD BEACH, FL 33441 |
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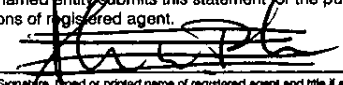
01102008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0010525 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent PARK, JOHN 18324 181ST CIRCLE SOUTH BOCA RATON, FL 33498 |
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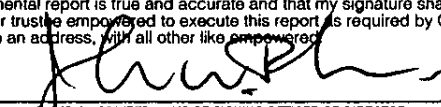
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE 1-22-08 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARK, JOHN 18324 181ST CIRCLE SOUTH BOCA RATON, FL |
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| <p>U00000794982 01/28/08-80029-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE 1-22-08 954 4263399 <small>Daytime Phone #</small> |