2006 FOR PROFIT CORPORATION

FILED Apr 21, 2006 8:00 am Secretary of State

ANNUAL REPORT

04-21-2006 90111 038 ***150.00 DOCUMENT # K55307 GARDEN STREET IRON & METAL INC. OF S.W. FLORIDA 40056837 Principal Place of Business Mailing Address % ROBERT WEBER % ROBERT WEBER 3350 METRO PARKWAY 3350 METRO PARKWAY FT. MYERS. FL 33916 FT. MYERS, FL 33916 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0101411 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBER, ROBERT 3350 METRO PARKWAY Street Address (P.O. Box Number is Not Acceptable) FT. MYERS, FL 33916 City Zip Code 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. (am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 111. 10. TITLE ☐ Delete TITLE Change ☐ Addition WEBER, ROBERT NAME NAME The growing section of the Comment o The state of the s 3350 METRO PKWY STREET ADDRESS STREET ADDRESS FT. MYERS, FL CITY-ST-ZIP CITY-ST-ZIP VD 1 CB 1 CB TITLE TITLE -- -- Delete -- --☐ Change ☐ Addition WEBER, EARL J., SR. NAME NAME STREET ADDRESS 4928 S.W. 26TH AVE STREET ADDRESS CAPE CORAL, FL CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEBER, MARGARET NAME NAME 4928 S.W. 26TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL CITY-ST-ZIP TITLE ☐ Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 empor SIGNATURE: .

O OFFICER OF DEFECTOR