2005 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 07, 2005 08:00 AM Secretary of State DOCUMENT # K62181 1. Entity Name CAYMAN MANUFACTURING, INC. Principal Place of Business Mailing Address 1301 SW 34 AVE 1301 SW 34 AVE DEERFIELD BCH, FL 33442 US DEERFIELD BCH, F 33442 US No Chg-P CR2E034 (10/03) 08312005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0133023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERGUSON, DONALD H DO NOT WRITE 1301 SW 34TH AVENUE DEERFIELD BEACH, FL 33442 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE NAME FERGUSON, DONALD H. U00000377898 6105 NW 71ST TERR. STREET ADDRESS 09/07/05-80018-021 550.m CITY-ST-ZIP PARKLAND, FL 33067 TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE HILE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 reserver 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 ke empowered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED