2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 08:00 A Secretary of State

ANNUAL KEPUK I				T, 2007 00
DOCUMENT # K81834 1. Entity Name UNICORN STEEL RULE DIE, INC.			Sec	eretary of S
Principal Place of Business	Mailing Address			
5920 JET PORT IND. BLVD. TAMPA, FL 33634 US	5920 JET PORT IND. BLVD. TAMPA, FL 33634 US			
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DO NOT WRITE IN THIS SPACE		CF		034 (11/05)
			4. FEI Number 59-2945341	Applied For Not Applicable
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Currer	nt Registered Agent	100	*** · · · · · · · · · · · · · · · · · ·	
CUNNINGHAM, JAMES A., III 5920 JET PORT IND BLVD TAMPA, FL 33634		:	DO NOT WRITE	
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0.	the above named entity submits this statement for the purpose of changing its registered chice of registered agent, or both, in the state of Florida.	ı am ramıllar wit	n, ano accept
t	he obligations of registered agent.		•

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

SIGNATURE.

STREET ADORESS CITY-ST-ZIP

10.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE NAME CUNNINGHAM, JAMES A.,III STREET ADDRESS 5920 JET PORT IND BLVD CITY-ST-ZIP TAMPA, FL 33634 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

. U00000689268 04/11/07-80028-016 150.00

DATE

DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING DEFICER OR DIRECTOR CONNING HAM THE 4/02/07 PRES/OWNER