

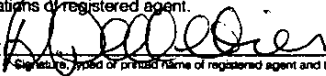
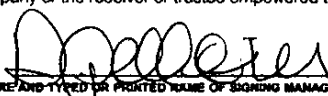


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90052 023 \*\*\*\*55.00

<b>DOCUMENT # L06000027843</b>					
<b>1. Entity Name</b> PELLETIER WELDING LLC					
<b>Principal Place of Business</b> PO BOX 681 LABELLE, FL 33975			<b>Mailing Address</b> PO BOX 681 LABELLE, FL 33975		
<b>2. Principal Place of Business - No P.O. Box #</b> 3314 Hwy 80 W Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Labelle FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 06-1776028	
<b>Zip</b> 33935		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>Additional Fee Required</b> \$5.00	
<b>6. Name and Address of Current Registered Agent</b> PELLETIER, MICHAEL 3314 HWY 80 WEST LABELLE, FL 33935			<b>7. Name and Address of New Registered Agent</b> Name: Amanda Pelletier Street Address (P.O. Box Number is Not Acceptable): 3314 Hwy 80 W. City: Labelle FL Zip Code: 33935		
<b>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.</b> SIGNATURE:  DATE: 1/10/07 <small>(Signature must be of present name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> PELLETIER, MICHAEL <b>STREET ADDRESS</b> PO BOX 681 <b>CITY-ST-ZIP</b> LABELLE, FL 33975	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> Pelletier, Amanda <b>STREET ADDRESS</b> PO Box 681 <b>CITY-ST-ZIP</b> Labelle, FL 33975	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> 			1/10/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		