2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 18, 2008 8:00 am Secretary of State **DOCUMENT # L07000053751** 04-18-2008 90155 018 ***138.75 RUST-TECH HOLDINGS, LLC Principal Place of Business Mailing Address 18550 QUAIL RUN DRIVE ,18550 QUAIL RUN DRIVE JUPITER FL 33458 JUPITER, FL 33458 50004633 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4._FEI Number 26-0419132 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GY CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH, FL 33401 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TTLE ☐ Delete TITLE Change | ☐ Addition HAINES, RICHARD A NAME NAME STREET ADDRESS 18550 QUAIL RUN DRIVE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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11. 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 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.

4-11-08