2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan 17, 2007 8:00 am Secretary of State DOCUMENT #L33570 01-17-2007 90051 017 ***150.00 DONALDSON SATELLITE & ELECTRONICS INC. Principal Place of Business Mailing Address 535 S FERDON BLVD 535 S FERDON BLVD **hUUU410U** CRESTVIEW, FL 32539 CRESTVIEW, FL 32539 211 3. Mailing Address 2. Principal Place of Business .. No P.O. Box # FERDON BL P.O. BOX Suite, Apt. #, etc. 01122007 Chg-P CR2E034 (12/06) City & State RPST View 4. FEI Number Applied For 59-2981239 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONALDSON, DONALD WAYNE Street Address (P.O. Box Number is Not Acceptable) 535 S. FERDON BLVD. CRESTVIEW, FL 32539 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. 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 NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSDC** TITLE ☐ Delete TITLE ☐ Addition DONALDSON, DONALD WAYNE NAME NAME 535 S FERDON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32539 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME AUBREY, DONALDSON NAME STREET ADDRESS 535 S FERDON BLVD STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32539 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 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

Honaldson

mald Warne Honardson SIGNATURE AND TYPED OR BUSTON DAME OF SIGNING OFFICER OR DIRECTOR

FILED