


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90443 038 \*\*\*150.00

<b>DOCUMENT # L35043</b>		
1. Entity Name <b>AAA WELDING &amp; SECURITY, INC.</b>		

Principal Place of Business <b>4008 S PENINSULA DR WILBUR BY THE SEA, FL 32127 US</b>	Mailing Address <b>4008 S PENINSULA DR WILBUR BY THE SEA, FL 32127 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2000 Brunswick Lane</b> Suite, Apt. #, etc.	3. Mailing Address <b>2000 Brunswick Lane</b> Suite, Apt. #, etc.
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City & State <b>Deland, FL</b>	City & State <b>Deland, FL</b>
Zip <b>32724</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>WEBSTER, DANIEL 149-P S. RIDGEWOOD AVE. DAYTONA, FL 32114</b>		7. Name and Address of New Registered Agent Name <b>Wilma S. McAllister</b> Street Address (P.O. Box Number is Not Acceptable) <b>4008 S. Peninsula Drive</b> <b>Port Orange, FL 32127</b> City <b>FL</b> Zip Code	
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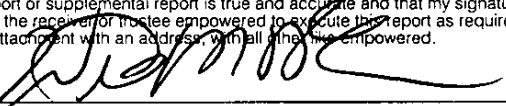
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/24/07**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRES</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCALLISTER, BILLIE S</b>		NAME <b>STREET ADDRESS</b>	
STREET ADDRESS <b>4008 S. PENINSULA DR</b>		STREET ADDRESS <b>CITY-ST-ZIP</b>	
CITY-ST-ZIP <b>WILBUR BY THE SEA, FL 32127</b>			
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCALLISTER, BILLIE S</b>		NAME <b>STREET ADDRESS</b>	
STREET ADDRESS <b>4008 S PENINSULA DR</b>		STREET ADDRESS <b>CITY-ST-ZIP</b>	
CITY-ST-ZIP <b>PORT ORANGE, FL 32127</b>			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE:  DATE **4/24/07** (386)740-0522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #