2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

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SIGNATURE AND TYPED ON PRINTED NAME OF SIGNIN

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # L59285 Entity Name 04-11-2007 90018 034 ***155.00 M.B. INDUSTRIES INC. Principal Place of Business Mailing Address % GUY R. BUSBY % GUY R. BUSBY 15437 N.W. 12 CT PEMBROKE PINES FL 33028 15437 N.W. 12 CT PEMBROKE PINES FL 33028 2. Principal Place of Business - No P.O. Box # 4619 FILL MOVE ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State 4. FEI Number 65-0179715 Not Applicable Zip Cotintry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BUSBY, GUY R. Street Address (P.O. Box Number is Not Acceptable) 15437.N.W. 12.GI REMBROKE PINES PL-33028 Zip Code 3302/ 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. registe ed agent and title i annicable (NOTE: Registered Agent signature required which reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ш ☐ Delete пш Change Addition BUSBY, GUY R. NAMI NAMI 15437 NW-12CT 4619 FILLMORES ST HOLLYWOOD FL 33021 STREET ADDRESS STREET ADDRESS **PEMBROKE-PINES-FL** 33028 CITY ST ZIP CITY ST ZIP ☐ Delete Change Addition BUSBY, MAUREEN 4619 FILLMORE ST HOLLYWOOD FL 33021 15427 N.W. T2-GT STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 39028~ CRY-SI-ZIP CHY S1-7IP HHE ☐ Delete THILL Change Addition NAMI NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP HILL Delete [] Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY ST. ZIP CHY SI-ZIP TUTE ☐ Delete ☐ Change ■ Addition 11111 NAMi NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP ☐ Addition HHE ☐ Delete TATEL ☐ Change NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED