
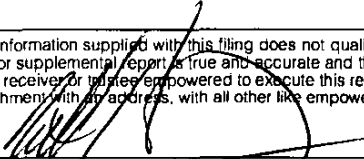


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90263 023 ***150.00

| | | | |
|--|---------------------------------|--|--|
| DOCUMENT # L85713 1. Entity Name ALLIED MOLDED PRODUCTS, INC. | |  | |
| Principal Place of Business 1145 13TH AVENUE EAST PALMETTO, FL 34221 US | | Mailing Address P.O. BOX 186 PALMETTO, FL 34234 US 34220 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 186 Suite, Apt. #, etc. | |
| City & State PALMETTO, FL | | 4. FEI Number 65-0228043 | |
| Zip 34220 | | Country US | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent EDMONSON, J HOMER 1145 13TH AVENUE EAST PALMETTO, FL 34221 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE D NAME EDMONSON, HOMER J PRES STREET ADDRESS C/O 1145 13TH AVENUE EAST CITY - ST - ZIP PALMETTO, FL 34221 | <input type="checkbox"/> Delete | TITLE VP NAME EDMONSON, NINA STREET ADDRESS 1145-13th Ave E CITY - ST - ZIP PALMETTO, FL 34221 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME EDERSON, NINA STREET ADDRESS 1145 18TH AVE E CITY - ST - ZIP PALMETTO, FL 34221 | <input type="checkbox"/> Delete | TITLE VP NAME EDMONSON, NINA STREET ADDRESS 1145-13th Ave E CITY - ST - ZIP PALMETTO, FL 34221 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD NAME HARVEY, BILL STREET ADDRESS 1145 13TH AVE E CITY - ST - ZIP PALMETTO, FL 34221 | <input type="checkbox"/> Delete | TITLE VD NAME HARVEY WILLIAM L. STREET ADDRESS 1145-13th Ave E CITY - ST - ZIP PALMETTO, FL 34221 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | William L. Harvey 4-19-07 941-723-3072 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |