2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 27, 2007 8:00 am Secretary of State **DOCUMENT # M06000006115** 03-27-2007 90204 012 ****50.00 STEELTEK BUILDING SYSTEMS, LLC Principal Place of Business Mailing Address 580 INDUSTRIAL PARK ROAD **580 INDUSTRIAL PARK ROAD** HARTSVILLE, TN 37074 HARTSVILLE, TN 37074 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2680140 Not Applicable Zip Country Zip 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 CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS, FL 33410 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. Signeture, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change ☐ Addition HASTY, LARRY NAME NAME STREET ADDRESS **508 MANSION DR** STREET ADDRESS CITY-ST-ZIP BRENTWOOD, TN 37027 CITY-ST-ZIP **MGRM** DILE ☐ Delete TITLE ☐ Change ■ Addition NAME HASTY, CATHERINE NAME STREET ADDRESS **508 MANSION DR** STREET ADDRESS CITY-ST-ZIP BRENTWOOD, TN 37027 CITY-ST-ZIP TITLE ☐ Delete MGRM Change ☐ Addition Neal Robertson 580 Industrial Park Rd Hartsville TN 37074 ROBERTSON, NEAL NAME NAME STREET ADDRESS 580 INDUSTRIAL PARK ROAD STREET ADDRESS CITY-ST-ZIP HARTSVILLE, TN 37074 CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 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 joceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

615-374-0081