2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# M76532

Entity Name: UNLIMITED WELDING, INC.

Current Principal Place of Business:

235 OLD SANFORD OVIEDO RD
WINTER SPGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

235 OLD SANFORD OVIEDO RD
WINTER SPGS, FL 32708 US

New Mailing Address:

FEI Number: 59-2882789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, BRIAN
2630 TUSKAWILLA ROAD
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SMITH, KEITH,
Address: 5722 PARKVIEW LAKE DR
City-St-Zip: ORLANDO, FL

Title: T ( ) Delete
Name: SMITH, BONNIE,
Address: 2630 TUSKAWILLA ROAD
City-St-Zip: OVIEDO, FL 32765

Title: P ( ) Delete
Name: SMITH, BRIAN,
Address: 2630 TUSKAWILLA ROAD
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SMITH, BONNIE,
Address: 2630 TUSKAWILLA RD
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR ( ) Change (X) Addition
Name: RUTHERFORD, ROBERT
Address: 873 FALKIRK DR
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE SMITH T 01/29/2007

Electronic Signature of Signing Officer or Director Date