2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M76532

Entity Name: UNLIMITED WELDING, INC.

FILED Oct 13, 2009 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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235 OLD SANFORD OVIEDO RD WINTER SPGS, FL 32708 US

Current Mailing Address: New Mailing Address:

235 OLD SANFORD OVIEDO RD WINTER SPGS, FL 32708 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, BRIAN
2630 TUSKAWILLA ROAD
OVIEDO, FL 32765 US
SMITH, BRIAN
235 OLD SANFORD OVIEDO RD
WINTER SPGS, FL 32708 US

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: BRIAN SMITH 10/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: DPST (X) Change () Addition

 Name:
 SMITH, BONNIE
 Name:
 SMITH, BONNIE

 Address:
 2630 TUSKAWILLA RD
 Address:
 2630 TUSKAWILLA RD

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

Title: T (X) Delete Title: () Change () Addition

 Name:
 SMITH, BONNIE
 Name:

 Address:
 2630 TUSKAWILLA ROAD
 Address:

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:

Name: SMITH, BRIAN Name: SMITH, BRIAN

 Address:
 2630 TUSKAWILLA ROAD
 Address:
 2630 TUSKAWILLA ROAD

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

Title: DIR (X) Delete Title: () Change () Addition

 Name:
 RUTHERFORD, ROBERT
 Name:

 Address:
 873 FALKIRK DR
 Address:

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 DPST 10/13/2009