2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90197 033 ****61.25

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City & State Country Cou	2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mail	ing Address	-						
Zip Country Zip Country S. Country Seater	Suite, Apt.	#, etc.		Sui	te, Apt. #, etc.			01052008	Chg-NP	CR2E0	37 (12/06)	
Signature Properties and address of Current Registered Agent Properties Prope	City & Stat	e		Cit	y & State	•		4. FEI Number NOT APPI	ICABLE			<u> </u>
Name Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip	·	Cou	untry 	5. Certificate of	Status Desired			
SUBSTANCES SA103 STEEL AND CONTROL STEEL AND CONTROL		6. Name	and Address of Curren	t Registere	d Agent		11	7. Name and Ad	Idress of New	Registered	Agent	
NAPLES, FL 34103 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am harmiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed to protect name of insplanted agent and title if applicable. (NOTE: Registered Agent signature required when reflectable) DATE			RTY MGMT.					ss (P.O. Box Number is	s Not Acceptal	ole)		· ·
Either 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 PHIng Fee is \$61.25 Due by May 1, 2008 PHINT		EL 04400										
8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature	NAPLES, I	FL 34103					City			FL	Zip Code	e
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Intereopy certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 trustage empowered to execute this reports required by Chapter 617, 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: