2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P00000012931 04-04-2008 90026 019 ***150 00 EJS ÍNDUSTRIAL CONTROLS, INC. Principal Place of Business Mailing Address 1451 SW CR 345 PO BOX 1026 66008729 CHIEFLAND, FL 32626 CHIEFLAND, FL 32644 03202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0986171 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA: P.A. DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee w!!! be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE NAME SENIUK, EDWARD J STREET ADDRESS 1451 SW CR 345 CITY-ST-ZIP CHIEFLAND, FL 32626 TITLE NAME STREET ADDRESS CITY-ST-7IP TETLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quelify 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 cath; that I am an officer or director of the corporation or the receiver or trustee emplowered to execute his 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 appraise, with all other like employment.

ING OFFICER OR DIRECTOR

FILED

2008 FOR PROFIT CORPORATION

4/4/2008-90026-019-\$150.00-\$150.00

DOCUMENT # P0000012931 1. Entity Name EJS INDUSTRIAL CONTROLS, INC.				ATTACHMENT		
Principal Place		Mailing Address PO BOX 1026		66008		·
CHIEFLAND, I	FL 32626	CHIEFLAND, FL 32644		17000	10/	
		122 V 1		03202008 No Chg-P	CR2E034 (11/	्। जी
D	O NOT WRITE	IN THIS SP	ACE	4. FEI Number 65-0986171		Applied For Not Applicable
•	i nin			5. Certificate of Status Desired	□ \$8.75 Fee Rec	Additional
	6. Name and Address of Current	Registered Agent		and the second second	مستعبرتين المعاددة	— æ:t
SPIEGEL & UTRERA, P.A 343 ALMERIA AVENUE CORAL GABLES, FL 33134				DO NOT V		
		A		IN THIS S	PACE	* .
6. The above the obligati	named entity subjects this statement for	the surpose of changing its regi	stered office or register	ed agent, or both, in the State of	Florida. I em familier v	vith, and accept
SIGNATURE_	Signature, typed or operated highly of regulating about a	nd life I explicable (NOTE: Rec	Intered Agent algorithm required	when refreshing)	n 20-08	<u>-</u>
	E NOWIII FEE 18 \$150.00 ny 1, 2008 Fee will be \$550.0	9. Election Campaign F Trust Fund Contribut	· _ v·	GO May Be ed to Fees	-	
10.	OFFICERS AND	DIRECTORS				
HAME Street Address	SENIUK, EDWARD J 1451 SW CR 345					
CATY-ST-ZIP	CHIEFLAND, FL 32828	<u> </u>	- }		قبي 	•
NAME STREET ADDRESS CITY-ST-ZP						
TITLE NAME .			140 m - 140 m		للا الشائه يعارضا	
STREET ADDRESS CITY-ST-ZIP		_		DO NOT V	VRITE	
TITLE NAME				IN THIS S	PACE	•
STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						• .
STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					u*	• • • • • • • • • • • • • • • • • • • •
12. I hereby of indicated of the conchanged.	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	this fill does not qualify for the true and sharing and accurate and that my significant to execute this report as reight all other like empowered.	expinations contained graphy's shall have the equired by Chapter 607	M Chapter 119, Florida Statutes. amb toga, offect as if made unde . Florida Statutes; and that my nar	I further certify that the cath; that I am an offine appears in Block 19	e information cer or director 0 or Block 11 II

Wrong PlACE DID NOT PRINT.