

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90044 027 \*\*\*150.00

<b>DOCUMENT # P00000020997</b> 1. Entity Name READY MANUFACTURING, INC.																																																																																									
Principal Place of Business ATTN: CYNTHIA R. SHORT 425 NW AVENUE L BELLE GLADE, FL 33430-1801			Mailing Address ATTN: CYNTHIA R. SHORT 425 NW AVENUE L BELLE GLADE, FL 33430-1801																																																																																						
2. Principal Place of Business - No P.O. Box # <i>425 N.W. AVENUE "L"</i>		3. Mailing Address <i>425 N.W. AVENUE "L"</i>																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																							
City & State <i>BELLE GLADE, FL</i>		City & State <i>BELLE GLADE, FL</i>		4. FEI Number 22-3711896																																																																																					
Zip <i>33430</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																							
6. Name and Address of Current Registered Agent  STEVEN REED COHEN, ESQ. STEVEN REED COHEN PA 9000 W SHERIDAN ST., STE 162 PEMBROOK PINES, FL 33024			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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.																																																																																									
SIGNATURE _____ DATE <i>04-10-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>																																																																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> </tr> <tr> <td></td> <td>SHORT, CYNTHIA R <input type="checkbox"/> Delete</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>425 NW AVENUE L</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BELLE GLADE, FL 334301801</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PVST <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SHORT, CYNTHIA R</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>425 NW AVENUE L</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BELLE GLADE, FL 334301801</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	NAME	TITLE	NAME		SHORT, CYNTHIA R <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	425 NW AVENUE L	STREET ADDRESS		CITY - ST - ZIP	BELLE GLADE, FL 334301801	CITY - ST - ZIP		TITLE	PVST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SHORT, CYNTHIA R	NAME		STREET ADDRESS	425 NW AVENUE L	STREET ADDRESS		CITY - ST - ZIP	BELLE GLADE, FL 334301801	CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP	
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12. 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 or supplemental report is 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 trustee empowered to execute this 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 address with all other like empowered.																																																																																									
SIGNATURE: <i>CYNTHIA R. SHORT</i> (PRESIDENT) <i>04-10-07</i> (561) 996-4120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																									