2005 FOR PROFIT CORPORATION . ANNUAL REPORT

May 02, 2005 08:00 AM **DOCUMENT # P00000051474 Secretary of State** 1. Entity Name FLUKE PERFORMANCE, INC. Mailing Address Principal Place of Business 8437 FORREST HILLS BLVD., #306 8437 FORREST HILLS BLVD., #306 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 CR2E034 (10/03) 03092005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1007984 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FLUKE, KENNETH E 8437 FORREST HILLS BLVD., #306 CORAL SPRINGS, FL 33065 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550,00 Trust Fund Contribution. Added to Fees DFFICERS AND DIRECTORS 10. TITLE FLUKE, KENNETH E NAME 8437 FORREST HILLS BLVD., #306 STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE 000000354809 05/03/05-80122-010 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATUREX SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

> 4/28/05 (954)98498 Date Dayline Phone *

FILED