


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000115385 1. Entity Name COMPOSITES UNLIMITED, INC.		
Principal Place of Business 300 INDUSTRIAL CIRCLE SEBASTIAN, FL 32958		Mailing Address P.O. BOX 22 GRANT, FL 32949
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S HARBOR CITY BLVD SUITE 505 MELBOURNE, FL 32901		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, DAVID 1265 GRANT ROAD GRANT, FL 32949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS LEE, MARY DAPHNE 1265 GRANT ROAD GRANT, FL 32949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV LEE, RICHARD D 1863 DOZIER CIRCLE SE PALM BAY, FL 32909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV LEE, JASON M 4872 CREW CIRCLE #2 MELBOURNE, FL 32904	
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 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: <u>Mary Daphne Lee</u> <u>Mary Daphne Lee VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/10/07</u> <u>772-388-9621</u> <small>Date Daytime Phone #</small>



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3686356	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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01/12/07-80065-021 158.75

**DO NOT WRITE
IN THIS SPACE**