2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P00000115385

Entity Name: COMPOSITES UNLIMITED, INC.

Current Principal Place of Business:

300 INDUSTRIAL CIRCLE
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22
GRANT, FL 32949

New Mailing Address:

FEI Number: 59-3686356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S HARBOR CITY BLVD SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LEE, DAVID
Address: 631 INDIAN OAKS DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: DVTS ( ) Delete
Name: LEE, MARY DAPHNE
Address: 631 INDIAN OAKS DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: AV ( ) Delete
Name: LEE, RICHARD D
Address: 1663 DOZIER CIRCLE SE
City-St-Zip: PALM BAY, FL 32909

Title: AV ( ) Delete
Name: LEE, JASON M
Address: 4672 CREW CIRCLE #2
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY DAPHNE LEE DVTS 01/16/2009

Electronic Signature of Signing Officer or Director — Date