

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117827

Entity Name: HI-TECH FABRICATIONS, INC.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

2750 HUDSON AVE NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

2750 HUDSON AVE NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-3703769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLACHECK, DON
10747 EMERALD CHASE DRIVE
ORLANDO, FL 32836 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: P () Delete
Name: POLACHECK, DON
Address: 10747 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POLACHECK, DON P
Address: 10747 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: CEO () Change (X) Addition
Name: POLACHECK, MARLENE CEO
Address: 10747 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

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: MARLENE POLACHECK

CEO

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date