

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91326 017 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P01000008339</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                    |  |
| 1. Entity Name<br><b>IRONWALL CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                     |  |
| Principal Place of Business<br><b>249 E CENTRAL AVE<br/>WEBSTER, FL 33597 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Mailing Address<br><b>P O BOX 25671<br/>TAMPA, FL 33622 US</b>                                                                                      |  |
| 2. Principal Place of Business<br><b>64 SE SECOND ST</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                           |  |
| City & State<br><b>WEBSTER FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | City & State                                                                                                                                        |  |
| Zip<br><b>33597</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Country<br><b>SUMTER</b>                                                                                                                            |  |
| 4. FEI Number<br><b>59-3694200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Applied For<br>Not Applicable                                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Additional Fee Required<br><b>\$8.75</b>                                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><b>LABARBERA, MICHAEL D<br/>1907 W KENNEDY BLVD<br/>TAMPA, FL 33606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent is required to sign when submitting.)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                     |  |
| A. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | \$5.00 May Be<br>Added to Fees                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>DPS<br/>SOMERS, DAVID<br/>POST OFFICE BOX 26671<br/>TAMPA, FL 336226671</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 to an address, with all other like empowered. |  |                                                                                                                                                     |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | PRESIDENT 4-23-03 813-781-9540                                                                                                                      |  |
| SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Date Daytime Phone #                                                                                                                                |  |