2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2005 8:00 am Secretary of State DOCUMENT # P01000009335 04-21-2005 90222 049 ***150.00 1. Entity Name STRUCTURAL DETAILING SOLUTIONS, INC. Principal Place of Business Mailing Address 7555 S. U.S. #1 7555 S. U.S. #1 TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 2. Principal Place of Business 3. Mailing Address PKWY 2275 N. Courknau 2275 N. Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 CR2E034 (10/03) Cha-P Suite 8 Suite 8 City & State City & State 4. FFI Number Applied For Merritt Island, FL Mercitt Island 59-3701473 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Brevard Brevard 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ihomas MARR, THOMAS R Street Address (P.O. Box Number is Not Acceptable) 2275 N. Courtenay Pkwy 7555 S. U.S. #1, #8 TITUSVILLE, FL 32780 Mercitt Island 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE Change ☐ Addition MARR, THOMAS R Marr, Thomas R. NAME NAME 2275.N. Courtenay RK.by, Ste. 8 Nerritt Island, FL 32953 STREET ADDRESS 1305 S. ATLANTIC #220 STREET ADDRESS COCOA BEACH, FL 32931 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition MILLER, THOMAS D NAME NAME STREET ADDRESS 4835 ANCONA RD STREET ADDRESS COCOA, FL 32927 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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.

FILED

321-576-0317