2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 20, 2006 08:00 AM Secretary of State DOCUMENT # P01000037437 INTEGRATED METAL PRODUCTS, INC. Principal Place of Business Malling Address 3929 HOLDEN ROAD P.O. BOX 6956 LAKELAND, FL 33811 US LAKELAND, FL 33807 02152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3709520 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ALBRITTON, WAYNE T DO NOT WRITE 3929 HOLDEN ROAD LAKELAND, FL 33811 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE |\$ \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ALBRITTON, WAYNE T P.O. BOX 6956 STREET ADDRESS CITY-ST-70P LAKELAND, FL 33807 THILE ALBRITTON, EVA M U00000441126 NAME 03/03/06 80021-022 150.00 STREET ADDRESS P.O. BOX 6958 CITY-ST-ZIP LAKELAND, FL 33807 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I horeby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 cath, that I am an officer or director of the corporation or the receivor 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 altachgrent with an address, with all other like empowered.

DILE NAME STREET ADDRESS CITY-ST-ZIP

FILED