2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # P01000063741 1. Entity Name 04-08-2005 90269 001 ***308.75 WINCHESTER STEEL ERECTORS, INC. Principal Place of Business Mailing Address 913 GULF BREEZE PKWY #5 913 GULF BREEZE PKWY #5 00000-~ GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 2. Principal Place of Business 3. Mailing Address 1200 SE 220 SE Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 03042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For DANZA 58-2617943 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROY & HUGHES, P.A. Street Address (P.O. Box Number is Not Acceptable) 263 F. OAKLAND TARK 2631 E. OAKLAND PARK BLVD. **SUITE 109** FORT LAUDERDALE, FL 33306 AUDERDALE 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 agen SIGNATURE 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. TITLE ח Delete TITLE Change ■ Addition BROKAW, HARDAD BROKAW, HAROLD NAME NAME 1200 SE 2 NO AVE. STREET ADDRESS 3325 GRIFFIN RD, STE, 143 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE Delete ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

OF SIGNING OFFICER OR DIRECTOR

FILED