2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P01000081121 1. Entity Name CRAVER MATERIAL HANDLING, INC. Mailing Address Principal Place of Business 1706 IDAHO AVENUE 1706 IDAHO AVENUE BELLE ISLE, FL 32809 US BELLE ISLE, FL 32809 No Chg-P CR2E034 (10/03) 03242005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3718288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CRAVER, TODD M 1706 IDAHO AVENUE BELLE ISLE, FL 32809 IN THIS SPACE B. 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 DATE Signature, typod or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campalgn Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. TITLE NAME CRAVER, TODD M 1706 IDAHO AVENUE STREET ADDRESS CITY-ST-ZIP BELLE ISLE, FL 32809 ___U00000307503 04/15/05-80058-010 150.00 TITLE NAME STREET ADDRESS CITY - ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CMY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - SY- ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attach

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP