2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 25, 2004 08:00 AM Secretary of State **DOCUMENT # P01000093749** 1. Entity Name AVALTEK, INC. Principal Place of Business Mailing Address 133 CAMBRIDGE CT P.O.BOX 33305 INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 08232004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3748484 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LEWIS, VALERIE A DO NOT WRITE 133 CAMBRIDGE CT INDIALANTIC, FL 32903 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 life if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE LEWIS, VALERIE A STREET ADDRESS 133 CAMBRIDGE CT 000000170814 08/25/04-90001-010 150.00 INDIALANTIC, FL 32903 CITY-ST-ZIP TITLE MAME STREET ADDRESS CRY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CTTY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP ប្បាទ NAME STREET ADDRESS CITY-SY-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section (19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and triat my signature shall have the same legal effect as if made under cett; 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. I further certify 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered. -768-0629 SIGNATURE:

FILED