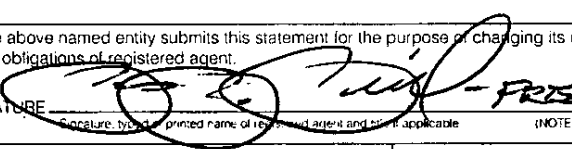


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90065 017 ***150.00

DOCUMENT # P01000120072 1. Entity Name BHV SHEET METAL FABRICATORS OF FLORIDA, INC.																																																																																																																																																											
Principal Place of Business 3300 SW 42ND AVE PALM CITY, FL 34990			Mailing Address 3300 SW 42ND AVE PALM CITY, FL 34990																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 2092 SW RACQUET <small>Suite, Apt. #, etc. CLUB DR.</small>		3. Mailing Address 2092 SW RACQUET CLUB DR <small>Suite, Apt. #, etc.</small>																																																																																																																																																									
City & State PALM CITY, FL		City & State PALM CITY, FL		4. FEI Number 65-1158695																																																																																																																																																							
Zip 34990		Country MARTIN/USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent REID, ROBERT 3300 S.W. 42ND AVE PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name REID, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2092 SW RACQUET CLUB DR City PALM CITY FL Zip Code 34990																																																																																																																																																								
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  ROBERT R. REID, PRES. 4/3/07 <small>(Signature by registered agent or authorized officer and not applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.																																																																																																																																																											
SIGNATURE:  DIANE M. REID, V.P. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/3/07 772 781-1299 <small>Date Daytime Phone #</small>																																																																																																																																																								

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