2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

FILED Apr 30, 2004 08:00 AM Secretary of State DOCUMENT # P02000014976 HAYES INDUSTRIAL CORP Principal Place of Business Mailing Address 2405 NORTH HIGHWAY 441 BLDG. 6 2405 NORTH HIGHWAY 441 BLDG. 6 FRUITLAND PARK, FL 34731 FRUITLAND PARK, FL 34731 04152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 01-0594406 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HAYES, DALE N DO NOT WRITE 2405 NORTH HIGHWAY 441 BLDG. 6 FRUITLAND PARK, FL 34731 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 agen Haues of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be г Trust Fund Contribution. Added to Fees U000000145433 10. OFFICERS AND DIRECTORS PST TITLE NAME HAYES, DALE N 2405 NORTH HIGHWAY 441 BLDG, 6 STREET ADDRESS FRUITLAND PARK, FL 34731 CITY+S1-ZI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment unit an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR