2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 08:00 AM **DOCUMENT # P02000037732 Secretary of State** ALUMATEC INDUSTRIES, INC. Mailing Address Principal Place of Business 1403 HARNDEN RD. WEST 1403 HARNDEN RD. WEST PORT ORANGE, FL 32129 PORT ORANGE, FL 32129 CR2E034 (10/03) 04072004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 01-0676745 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PATTERSON, GARY 1403 HARNDEN RD. WEST PORT ORANGE, FL 32129 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. ٠, ١,٠ SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE PATTERSON, GARY NAME 1403 HARNDEN RD. WEST STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32129 U00000128935 TITLE 04/26/04-80059-010 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE HAME 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 with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

-GARY PATTER

4-20-04 (386)255-1566

FILED