2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

Mar 28, 2005 08:00 AM Secretary of State **DOCUMENT # P03000030354** 1. Entity Name POLARPOD, INC. Principal Place of Business Mailing Address **340 WEST 78 ROAD** 340 WEST 78 ROAD HIALEAH, FL 33014 HIALEAH, FL 33014 No Chg-P CR2E034 (10/03) 01272005 DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 06-1684765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRIME BUILDING SYSTEMS, INC. DO NOT WRITE **340 WEST 78 ROAD** HIALEAH, FL 33014 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 title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS CEOD TITLE D'ANDREA, ANTHONY F CEO,D NAME STREET ADDRESS 340 W 78TH ROAD HIALEAH, FL 33014 CITY-ST-ZIP U00000278800 03/28/05-80041-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 attaction with an addises, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED