2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # P03000126026 1. Entity Name SS TRIM, INC.)3-02-2003 9 0	0987 004 ***15	0.00	
BRANDON, FL 33508 US BRANDON, FL 33508 US Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & Country Sheet Address of City ent Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Sheet Address (P.O. Box Namber in Namber in Name Registered Agent) Sheet Address (P.O. Box Namber in Name Registered Agent) City Val rrc City Val rrc City Val rrc FL Zucces Sylvant To the Device of City of	Principal Place of Business Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4272005 Chg.P CR2E034 (10/03) City & State City & State A. FEI Number & 850.6 8 Applied for Mick Applicable	P O BOX 6422									
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S. Controlled of Status Desired Fee Prequired Fee Prequire	City & State		City & State			4. FEI Number フ3-16	85068	⊢		
SMITH, SPENCER T 1719 BELL RANCH DRIVE BRANDON, FL 33511 Street Address (P.O. Box Number is Not Acceptable) City Val rrcv City Val rrcv FL 210_Code 335 5 94 8. The above named entity submits this statement for the purpose of changing its registered alignet, or both, in the State of Ronda. I am familiar with, and accept the deligations expegitatered agent. SIGNATURE Sypals, typerd to printed rance of registering agent and ton if septiciable (POTE Reference Appendix requires require transport) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing S.5.00 May Be, Added to Fees. 10. CFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRES WARE WARE WARE STREET ADDRESS CITY S1-2P Delete ITILE MAKE STREET ADDRESS CITY S1-2P Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE STREET ADDRESS CITY S1-2P Delete ITILE MAKE STREET ADDRESS CITY S1-2P Change Addition ADDITIONS/CHANGES CITY S1-2P Change Addition Change Addition STREET ADDRESS CITY S1-2P Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition CHANGES CITY S1-2P Change Addition CHANGES CITY S1-2P Change Addition CHANGES CITY S1-2P CHANGES	Zip	Country Zip C		Coun	try	5. Certificate of	Status Desired			
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CITY-ST-ZIP 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						-1' 440 07/04/1				

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: _

Smit Spend

Smith Fres, 4

8/05 813.340.168

Daytime Phone #