2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 12, 2008 8:00 am Secretary of State DOCUMENT # P03000133581 1. Entity Name 05-12-2008 90035 005 ***150.00 ACCURATE ERECTORS INC. Principal Place of Business Mailing Address 1711 DESOTO AVE 1711 DESOTO AVE LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2353 1235a 1+0 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 20-0400008 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired $\supset \hookrightarrow$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 1711 DESOTO AVE LEHIGH ACRES FL 33936 Zip Code 8. The above named engly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed nanki of registered agent and title. I unplicable (NOTE: Recistored Apent signature required when reinstatic of DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition Change LEE, MICHAEL S NAME STREET ADDRESS 1711 DESOTO AVE STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY - ST - ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THEF ☐ Delete TITLE Change ☐ Addition MEDAL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TRE De ete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- \$1-74P TITLE Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 ampowered

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