2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 12, 2004 8:00 am Secretary of State DOCUMENT # P03000142778 05-12-2004 90206 027 ***150.00 GEAR GARAGE DOORS INC Principal Place of Business Mailing Address 44074823 6008 HOGSNAPPER LN 6008 HOGSNAPPER LN ORLANDO, FL 32822-6907 US ORLANDO, FL 32822-6907 US 2. Principal Place of Business 3. Mailing Address 6008 HOG SNAPPER 6008 Hob SNAPPER LN Suite, Apt. #, etc Suite, Apt. #, etc. 05022004 CR2E034 (10/03) City & State 4. FEI Number Applied For ORLANDO Not Applicable \$8.75_Additional 5._Certificate of Status Desired - __. . US ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CHRISTOPHER J GEAR GEAR, CHRISTOPHER J 6008 HOGSNAPPER LN ORLANDO, FL 32822-6907 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named eg the obligations of SIGNATURE ent and site if applicable (HOTE: Registered Apoint signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Delete TITLE TITLE Addition CHRISTOPHET J GEAR NAME.** GEAR, CHRISTOPHER J NAME 6008 HOG SNAPPER LN 6008 HOGSNAPPER LN STREET ADDRESS STREET ADDRESS ORLANDO FL 32872 CITY - ST- 2IP ORLANDO, FL 328226907 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MARAE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHTY-ST-ZIP HILE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TOLE ☐ Defete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TUTLE Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHTY-ST-ZIP DILE Delete Change ☐ Addition MALAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 impowered 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 all agrees with all effect like empowered. SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED