2006 FOR PROFIT CORPORATION **ANNUAL REPORT FILED** Aug 28, 2006 08:00 Al Secretary of State DOCUMENT # P03000144435 1. Entity Name UNITED CUSTOM WELDING, INC Mailing Address Principal Place of Business 3712 20TH ST W 3712 20TH ST W BRADENTON, FL 34205 BRADENTON, FL 34205 CR2E034 (11/05) 08172006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0434061 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAY, JIM CPA DO NOT WRITE 3984 MANATEE AVE EAST IN THIS SPACE BRADENTON, FL 34208 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 pagistered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) d name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILÉ NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. U000000575497 EDYVEAN, JOHN NAME 08/29/06-80005-002 15A M 3712 20TH ST W STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITL F NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 a other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-18-06

Daytime Phone #