2005 FOR PROFIT CORPORATION

Mar 21, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000026062** 03-21-2005 90081 027 ***150.00 1. Entity Name REPWERKS, INC. Principal Place of Business Mailing Address 40035574 213 HARBOUR DR W 213 HARBOUR DR W INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.. Name and Address of Current Registered Agent--7. Name and Address of New Registered Agent - --DYER, DAVID W Street Address (P.O. Box Number is Not Acceptable) 325 FIFTH AVE, STE 205 INDIALANTIC, FL 32903 City Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE Change ☐ Addition TITLE Delete VEARD, CHERIE L NAME NAME STREET ADDRESS 213 HARBOUR DR W STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP VD ☐ Change TITLE Delete TITLE ☐ Addition VEARD, TIMOTHY A NAME NAME 213 HARBOUR DR W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-7IP Change ■ Addition TITLE TITLE Delete NAME SWAN, DOUGLAS NAME STREET ADDRESS 213 HARBOUR DR W STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE MUNTEAN, CLINTON NAME NAME 213 HARBOUR DR W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS dian electrical a CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition TITLE NAME

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 trusted 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

guarign gallada i emile elektri

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED