2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2006 08:00 AM Secretary of State DOCUMENT # P04000044920 1. Entity Name CK METAL FABRICATORS, INC. Mailing Address Principal Place of Business 818 LAKESIDE TERRACE 198 N.E. PATTERSON AVE LAKE CITY, FL 32055 PALM HARBOR, FL 34683 CR2E034 (11/05) 01172006 No Chg-P Applied For 4. FEI Number 20-0842513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KEROUAC, CHRIS T 818 LAKESIDE TERRACE PALM HARBOR, FL 34683 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 rematating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. U00000478762 04/08/06-80018-014-150:*0*0 Added to Fees 10. OFFICERS AND DIRECTORS PSO MLE KEROUAC, CHRIS T NAME 818 LAKESIDE TERRACE STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE NAME STREET ADDRESS CYTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS City-St-Zir STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his filling 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 out trustee or processor of the corporation or the receiver out trustee or processor of the corporation or the receiver out trustee or processor of the corporation of the corpora

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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