2006 FOR PROFIT CORPORATION

FILED May 01, 2006 08:00 AN Secretary of State

ANI		N		
DOCUMENT # P0400087498 1. Entity Name USA TOOLS OF OCALA, INC.				-
Principal Place of Business 8930 SE 17TH CT	Mailing Address 8930 SE 17TH CT			
OCALA, FL 34480	OCALA, FL 34480			
DO NOT W	RITE IN THIS SF	PACE	04112006	No

8930 SE 17 OCALA, FL 3	TH CT 34480	8930 SE 17TH CT OCALA, FL 34480					
DO NOT WRITE IN THIS SPACE		^E	04112006		CR2E034 (11		
		∪ ⊑	4. FEI Numb 20-13			Applied For Not Applicable	
				e of Status Desired		5 Additional aquired	
	6. Name and Address of Current Reg	istered Agent					
HARRELL 8930 SE 1 OCALA, FI	7ТН СТ				NOT WI THIS SPA		
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 provised name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Ag			-	Hooder	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			.00 May Be ied to Fees	U0000(05/17/06	-80054 -00	8 150.00	
10.	OFFICERS AND DIRE	CTORS				····	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRELL, DAVID A 8930 SE 17TH CT OCALA, FL 34480						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						-	
TITLE NAME STREET ADDRESS CATY-ST-ZIP				DO	NOT W	RITE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12 I hereby c	ertify that the information supplied with this	filing does not qualify fall the evo	montiana apotaina	l in Chapter 11	Doride Statutos 1 fr	anthon and the short	15-4 1-F

I nerely certify that the information supplied with this 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 may signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or trustee emptyweight 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 emptyweight.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED HAME OF SIGNING OFFICER OR DIRECTOR