2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

03-14-2006 90024 025 ***150.00 DOCUMENT # P04000091590 GRAND HAVEN TECHNICAL SALES, INC. Principal Place of Business Mailing Address 15134 WILLOWWOOD COURT 4421 COMMONS DRIVE E GRAND HAVEN, MI 49417 #B 103 DESTIN, FL 32541 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite Apt # etc. CR2E034 (11/05) 03022006 Chg-P Applied For 4. FEI Number City & State City & State APPLIED FOR 20-1241484 Not Applicable Country \$8.75 Additional Zip Country Zin 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PLEAT, DAVID B Street Address (P.O. Box Number is Not Acceptable) 4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541 Zin Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9: Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change Addition ☐ Delete TITLE VIVEEN, RICHARD S NAME NAME 15134 WILLOWWOOD COURT STREET ADDRESS STREET ADDRESS GRAND HAVEN, MI 49417 CITY-ST-7IP CITY-ST-ZIP Defete ☐ Change Addition THILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Change ☐ Defete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C Delete Change Addition DILE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 all other like empowered.

RICHARD S VIVEEN 3/9/06

FILED

Mar 14, 2006 8:00 am Secretary of State