## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT FILED DOCUMENT # P04000129398** Apr 16, 2007 08:00 All Secretary of State SIMEX INDUSTRIES, INC. Principal Place of Business Mailing Address 13142 SADDLE WAY 13142 SADDLE WAY BROOKSVILLE, FL 34614 BROOKSVILLE, FL 34614 9.30 04052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1617902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCMURTRY, STEVE DO NOT WRITE 13142 SADDLE WAY BROOKSVILLE, FL 34614 IN THIS SPACE 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 Fiorida. 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 aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE MCMURTRY, STEVE NAME STREET ADDRESS 8908 CITRUS VILLAGE DR. #104 CITY-ST-ZIP TAMPA, FL 33626 TITLE NEELY, STACY NAME STREET ADDRESS 13142 SADDLE DR. CITY-ST-ZIP BROOKSVILLE, FL 34614 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000710942 TITLE 04/25/07-80063-020 150.00 NAME STREET ADDRESS CITY-ST-ZIP- · TITLE

.12. I hereby 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 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

SIGNATURE: 4

NAME . Street Address CITY-ST-ZIP .