2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 24, 2006 08:00 AN DOCUMENT # P04000143627 **Secretary of State** ADVANCED FABRICATION TECHNOLOGIES, INC. Principal Place of Business Mailing Address 908 SE 8TH PLACE UNIT A CAPE CORAL FL 33990 908 SE 8TH PLACE UNIT A CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 02-0732414 Not Applicable Zip Country Zip 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 BENTON, ROY L JR Street Address (P.O. Box Number is Not Acceptable) 20 FALCONWOOD COURT FT MYERS FL 33919 City Zip Code 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 primed name of registered agent and fille if applicable (NOTE Registered Agent signature required when trinslation) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete 🔲 Change 100000532251 NAME BENTON, ROY L III MARAE 05/06/06-80032-019 1**58.**75 STREET ADDRESS STREET ADORESS 1463 WOODWIND COURT CITY-ST-ZIP FT MYERS FL 33919 CUY-ST-ZP Delete TITLE ☐ Change - ∐ Addilir BENTON, ROY L JR MAME NAME STREET ADDRESS 20 FALCONWOOD COURT STREET ADDRESS City-ST-7/P CHY-ST-71P FT MYERS FL 33919 ☐ Additi UUU☐ Delele HILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Acces ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Ad."" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Ade JIJ1 F NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direction 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 1

4-21-06

Daytime Phone 4