2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: ROY L. BENTON, JR. NOT L. Sereta J.

Mar 09, 2007 8:00 am Secretary of State DOCUMENT # P04000143627 1. Entity Name 03-09-2007 90006 009 ***150 00 ADVANCED FABRICATION TECHNOLOGIES, INC. Principal Place of Business Mailing Address 908 SE 8TH PLACE UNIT A 908 SE 8TH PLACE UNIT A CAPE CORAL FL 33990 CAPE CORAL FL 33990 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2088 BEACON MANOR DRIVE 2088 BEACON MANOL DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 02-0732414 FORT MYERS, FLORIAL FORT MYERS FLORIDA Not Applicable 33907 Country Country \$8.75 Additional 5. Certificate of Status Desired U.S.A 33907 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENTON, ROY L JR 20 FALCONWOOD COURT Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33919 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE!IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE Delete TOLE Change Addition BENTON, ROY L III NAME 1463 WOODWIND COURT STREET ADDRESS STREET ADDRESS FT MYERS FL 33919 CITY - ST - ZIP CITY-ST 7IP TITLE ☐ Delete HILE ☐ Change Addition BENTON, ROY L JR NAME NAME 20 FALCONWOOD COURT STREET ADDRESS STREET ADORESS FT MYERS FL 33919 CITY-ST-73P CITY-ST-ZIP HELE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THLE Delete HILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete HILLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-SI-7IP IIILE ☐ Delete ☐ Change ☐ Addition NAME NAME 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 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 eath; 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.

FILED