2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2005 8:00 am Secretary of State **DOCUMENT # P04000153885** 1. Entity Name 02-16-2005 90019 038 ***150.00 DYAL WELDING, INC. Mailing Address Principal Place of Business 15313 MOSSST 15313 MOSSST BROOKSMILE FL 34604 BROOKSMILE, FL. 34604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01122005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-1872178 Not Applicable Country Ζiρ 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 Name DYAL, LOYD CLIFTON Street Address (P.O. Box Number is Not Acceptable) 15313 MOSS ST BROOKSVILLE, FL 34604 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 printed name of registered agent and title if applicable (NOTE: Hogistored Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DYAL, LOYD C TITLE ☐ Delete TITLE Change Addition DYAL, LOYD C NAME NAME 15313 moss St STREET ADDRESS 15313 MOSS ST STREET ADDRESS Brooksville, FL 34604 CITY-ST-ZIP BROOKSVILLE, FL 34604 CITY-ST-ZIP PIDITIS TITLE ☐ Delete TITLE ☐ Change 🕅 Addition DyAL, CYNTHIA L NAME DYAL, CYNTHIA L NAME 15313 moss St. STREET ADDRESS 15313 MOSS ST STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34604 CITY-ST-ZIP Brooksville, FL.34604 TITLE ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detere TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 profit 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 activess, with all other like empowered.

SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPFICER OR DIRECTOR

FILED