2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157929

Entity Name: OVERHEAD, INC.

FILED Jan 28, 2009 Secretary of State

| Current P | rincinal Place | e of Business: | New Principal Place | of Ruciness | |
|--|-------------------------------|----------------------------------|---|---|--|
| | LAGE BOULE | | New Fillicipal Flace | or business. | |
| | BEACH, FL 3 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | LAGE BOULE BEACH, FL 3 | | | | |
| FEI Number | : 20-1894580 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | | |
| FALA, KA ⁻ 2718 45TH SAINT PE | | FL 33713 US | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: | PSTD (|) Delete | Title: | () Change () Addition | |
| Name: | FALA, KATHLE | | Name: | | |
| Address: | | E BOULEVARD | Address: | | |
| City-St-Zip: | MADEIRA BEA | CH, FL 33708 | City-St-Zip: | | |
| Title: | VD (|) Delete | Title: | () Change () Addition | |
| Name: | MULLINIX, BR | YAN | Name: | | |
| Address: | 12991 VILLAG | E BOULEVARD | Address: | | |
| City-St-Zip: | MADEIRA BEA | CH, FL 33708 | City-St-Zip: | | |
| Title: | D (|) Delete | Title: | () Change () Addition | |
| Name: | FALA, JOSEPH | 1 | Name: | | |
| Address: | | E BOULEVARD | Address: | | |
| City-St-Zip: | MADEIRA BEA | CH, FL 33708 | City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FALA D 01/28/2009