2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE: _

Mar 09, 2006 08:00 AM **Secretary of State DOCUMENT # P04000160111** SNIP'S SHEETMETAL FABRICATION, INC. Principal Place of Business Malling Address 118 EUCLID AVE 118 EUCLID AVE. SEFFNER, FL 33584 SEFFNER, FL 33584 US 03022006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1944287 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, JOHN DO NOT WRITE 118 EUCLID AVE SEFFNER, FL 33584 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 Florida. 1 am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and rife if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIS! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEE, JOHN NAME 118 EUCLID AVE STREET ADDRESS 000000462**331** 03/21/05-80030-012 **150.0**0 SEFFNER, FL 33584 CITY-ST-ZIP TITLE NAME OBERT, JENNIFER 1024 NW SPRUCE RIDGE DRIVE STREET ADDRESS STUART, FL 34994 CITY-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CSTY-ST-DP NAME STREET ADDRESS

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 it made under certify 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.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3-3-06 8/3-663-9238 Date Grayume Phone #

FILED