2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 07, 2008
Secretary of State

DOCUMENT# P05000018908

Entity Name: FONTE MANUFACTURING GROUP, INC.

Current Principal Place of Business:

1809 S. POWERLINE ROAD
SUITE C105
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1809 S. POWERLINE ROAD
SUITE C105
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 14-1922151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTE, BETZAIDA
1809 S. POWERLINE ROAD
SUITE C105
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FONTE, RICHARD
Address: 1809 S. POWERLINE ROAD-SUITE C105
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VP ( ) Delete
Name: FONTE, BETZAIDA
Address: 1809 S. POWERLINE ROAD-SUITE C105
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: SEC ( ) Delete
Name: FONTE, BETZAIDA
Address: 1809 S. POWERLINE ROAD-SUITE C105
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA ( ) Change (X) Addition
Name: FONTE, DANIEL
Address: 1809 S. POWERLINE ROAD-SUITE C105
City-St-Zip: DEERFIELD BEACH, FL 33442

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: BETZAIDA FONTE VP 05/07/2008

Electronic Signature of Signing Officer or Director Date