


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90056 007 ***150.00

DOCUMENT # P05000025299	
1. Entity Name EAGLE GENERAL WELDING, INC.	

Principal Place of Business 2324 WEST 78TH STREET HIALEAH, FL 33016	Mailing Address 17500 N.W. 68TH AVE. D1005 HIALEAH, FL 33015
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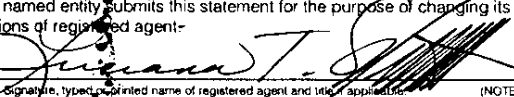
2. Principal Place of Business - No P.O. Box # 318 Northstar Ct	3. Mailing Address 318 Northstar Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sanford, FL	City & State Sanford, FL
Zip 32771-6673	Country USA



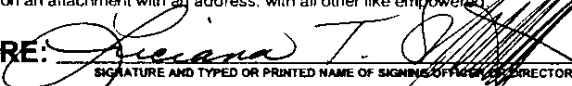
01172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MARIOTTI, LUCIANA T 17500 N.W. 68TH AVE. D1005 HIALEAH, FL 33015	
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7. Name and Address of New Registered Agent Name Luciana T Mariotti Street Address (P.O. Box Number is Not Acceptable) 318 Northstar Ct City Sanford, FL Zip Code 32771	
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  DATE 01.19.07 (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARIOTTI, LUCIANA T		NAME Luciana T Mariotti	
STREET ADDRESS 17500 N.W. 68TH AVE. D1005		STREET ADDRESS 227 Cambridge Dr	
CITY-ST-ZIP HIALEAH, FL 33015		CITY-ST-ZIP Longwood, FL 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  President	01.19.07 407.322.0162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Luciana T. Mariotti