2007 FOR PROFIT CORPORATION

Jan 16, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000057160** 01-16-2007 90210 036 ***150.00 1. Entity Name POTÁRO INDUSTRIES, INC. Principal Place of Business Mailing Address 60001239 2715 BADGER ROAD 2715 BADGER ROAD LAKELAND, FL 33811 LAKELAND, FL 33811 CR2E034 (11/05) 01102007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4761319 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEYER, JAMES R SR-DO NOT WRITE 116 SOUTH TENNESSEE AVENUE **SUITE 115** IN THIS SPACE LAKELAND, FL 33801 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: Registered 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 Fee After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS P. D TITLE HALLAM, DAVID NAME STREET ADDRESS 2715 BADGER ROAD CITY-ST-ZIP LAKELAND, FL 33811 CS LOW, MARIA L NAME STREET ADDRESS 2715 BADGER RD CJTY-ST-7IP LAKELAND, FL 33811 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 if made under oath; that I am an officer or director of the corporation or the receiver or indicated on 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> ava TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #