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Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90029 034 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000087576

1. Entity Name
DAYBAR SOUTHEAST MANUFACTURING, INC.

Principal Place of Business	Mailing Address
12440 73RD CT NORTH LARGO, FL 33773	1235 AEROWOOD DRIVE MISSISSAUGA, ONTARIO, CANADA L4W 1B9,

04162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box # — Suite, Apt # etc — City & State — Zip — Country

3. Mailing Address — Suite, Apt # etc — City & State — Zip — Country

4. FEI Number 98-0460151 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAUER, RACHEAL C
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name SMITH, MICHAEL J, esq.
Street Address (P.O. Box Number is Not Acceptable)
1205 MANATEE AVENUE WEST
City BRADENTON FL Zip Code 34205

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] April 17, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DODSON, MARK MR	NAME	
STREET ADDRESS	1235 AEROWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA, ON l4w1b9	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDERSON, W.J.	NAME	
STREET ADDRESS	1255 AEROWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA, ON l4w1b9	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information [illegible] 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: [signature] WJ ANDERSON 16/4/08 905-625-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR