2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000102921 02-23-2006 90010 031 ***150.00 AMERICAN MACHINING, INC. Mailing Address Principal Place of Business e Late Park 6109 SHERWIN DRIVE 6109 SHERWIN DRIVE PORT RICHEY, FL 34668 PORT RICHEY, FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-320 2797 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIS, GARY LEV Street Address (P.O. Box Number is Not Acceptable) 9020 RANCHO DEL RIO DRIVE **SUITE 101** NEW PORT RICHEY, FL 34655 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE ☐ Addition ☐ Change NAME SLUDER, RONALD J NAME 13201 OAK WOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34669 CITY-ST-ZIP VSTD ☐ Delete TITLE Change ☐ Addition SLUDER, JILL A NAME NAME 13201 OAK WOOD DRIVE STREET ADDRESS STREET ADDRESS HUDSON, FL 34669 CITY-ST-ZiP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TIT) F ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

FILED Feb 23, 2006 8:00 am