## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P05000163965  1. Entity Name YATES INDUSTRIES, INC.					. 04-30-2007 90846 039 ***150.00			
Principal Place of Business Mailing Address					<i>,</i>	_		
8614 STONER WOODS DRIVE RIVERVIEW, FL 33569		C/O TEMPLE H. DRUMMOND , ESQ. 328 WEST BEARSS AVENUE TAMPA, FL 33613		400934		HTIR RIJER IHIR ITIIR RIJEI RA	<b>(1888</b> 4) ( <b>588</b> )	
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.			04262007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Number 20 - 39	58035	No	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	\$8.75 Add	
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name						
	ND, TEMPLE H	Street Address (P.O. Box Number is Not Acceptable)						
328 WEST BEARSS AVENUE TAMPA, FL 33613				Street Address (	P.O. Box Number is			
				City			FL Zip Code	8
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								
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.					ed to Fees			
10.	OFFICERS AND DIRECTORS			T.	ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIRECTOR	3 IN 11
TITLE •: ¥ NAME	D YATES, DIANA L	☐ Delete	TITU:				☐ Change	☐ Addition
STREET ADDRESS	8614 STONER WOODS DRIVE			ET ADDRESS				
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY	-ST-ZIP				
TITLE NAME	D YATES, JOSEPH A	☐ Delete	TITLE				Change	☐ Addition
STREET AOORESS	8614 STONER WOODS DRIVE			ET ADDRESS				
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY	-ST-ZIP				
TITLE Name		☐ Delete	TITLE NAM	=			Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	- ST - ZiP				
TITLE NAME		☐ Delete	TITLI NAM	·			☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		Delete	TITLI	1			☐ Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Defete	TITL				☐ Change	☐ Addition
NAME Street address			NAM STRE	E ET ADDRESS				
CITY-ST-ZIP				- 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.								

F SIGNING OFFICER OR DIRECTOR