2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

3. Mailing Address

32851 HIDEAWAY LANE

DADE CITY, FL 33525

FILED Feb 01, 2007 8:00 am Secretary of State

02-01-2007 90028 015 ***150.00

DATE

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1. Entity Name

SIGNATURE.

Principal Place of Business

32851 HIDEAWAY LANE

DADE CITY, FL 33525

STROUD MACHINERY REPAIR, INC.

2. Principal Place of Business - No P.O. Box #

US	400	40008103				
	01232007	Chg-P	CR2E034 (12/06)			
	4 FEI Number		Ann			

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State lied For City & State *20 - 4*071352 Not Applical Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STROUD, NANCY Street Address (P.O. Box Number is Not Acceptable) 32851 HIDEAWAY-LANE DADE CITY, FL 33525 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 acce

4. 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 acceptable obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Delete TITLE Change Addit TITLE NAME STROUD, BRIAN MAME STREET ADDRESS STREET ADDRESS 32851 HIDEAWAY LANE CITY-ST-ZIP CITY - ST - ZIP DADE CITY, FL 33525 ☐ Change S/T ☐ Addit Delete TITLE TITLE STROUD, NANCY NAME NAME STREET ADDRESS 32851 HIDEAWAY LANE STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33525 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addit TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addit TITI F ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addit 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 direct 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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

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