## 2008 FOR PROFIT CORPORATION

## Apr 28, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000028402 04-28-2008 90403 038 \*\*\*150.00 ENGINEERED STEEL BUILDINGS, INC. Principal Place of Business Mailing Address 514 MOON ST **514 MOON ST** PT CHARLOTTE, FL 33954 PT CHARLOTTE, FL 33954 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 04052008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 20-4400233 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARLATT, OWEN G Street Address (P.O. Box Number is Not Acceptable) 514 MOON ST PT CHARLOTTE, FL 33954 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!!..FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Delete TITLE ☐ Change TITLE MARLATT, OWEN G NAME NAME STREET ADDRESS 514 MOON ST STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE, FL 33954 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT! F 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. Thereby 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 of the corporation or the receipt ss, with all other like empowers

SIGNATURE:

**FILED**