2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 18, 2008 8:00 am Secretary of State DOCUMENT # P06000046390 04-18-2008 90054 049 ***150.00 1. Entity Name TRAITECH (USA) INDUSTRIES, INC. Principal Place of Business Mailing Address 40072772 5143 COMMERCIAL WAY 5143 COMMERCIAL WAY SPRING HILL, FL 34606 SPRING HILL, FL 34606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 384 Connie Cres. 384 Connie Cres. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04092008 Chg-P City & State 4. FEI Number Applied For City & State 20-4818664 Vaughan, Ontario Vaughan, Ontario Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required L4K5W6 L4K5W6 CANADA CANADA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACOBSON, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 501 E. KENNEDY BOULEVARD **SUITE 1700** TAMPA, FL; 33602 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS X1 Change ☐ Addition TITLE ☐ Delete TITLE Slight, Peter T 384 Connie Cres., Unit #2 SLIGHT, PETER T NAME NAME 5143 COMMERCIAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL, FL 34606 Vaughan, Ontario L4K5W6 CANADA TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZLP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRECS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 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

813-222-1159