## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2008 08:00 AN Secretary of State

DOCUMENT # P0600060286  1. Entity Name AVALANCHE INDUSTRIES, INC.					2	Secret	ary of Sta
	., .						•
Principal Plac 1520 NE 53 FORT LAUDE		Mailing Address 1520 NE 53RD STREET FORT LAUDERDALE, FL 33334			88/28 87/1 8 <b>7</b> /11 88/11 887	<b>                                    </b>	JUDA 18118 BIJVERI IT SBRY
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	· · · · · · · · · · · · · · · · · · ·	en e	, ,	04242008	No Chg-P	CR2E034	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	O NOT WRITE	IN THIS SPAC	CE	4. FEI Numbe	er	OI CELOUT	Applied For
	Contract of the Contract of th	3 · · · · · · · · · · · · · · · · · · ·		20-478			Not Applicable 3.75 Additional
	•	<u>.</u> <u>.</u>		5. Certificate	ol Status Desired		e Required
	6. Name and Address of Current Re	gistered Agent		y the Estimates	dia dalah da	mi,	
CLARK, CHESTER 1520 NE 53RD STREET FORT LAUDERDALE, FL 33334					NOT W		gardin in the same
					. ". " . ' . ' . ' . ' . ' . ' . ' . '		agar sa agus sa
SIGNATURE_	Signature, typed or printed name of registered agent and	pile d applicable (NOTE: Registered	d Agent algosture required	d when reinstating) .00 May Be		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	T 15 10 11 11	☐ Add	ed to Fees	Unnar	מלמלינים הלמלינים	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE	RECTORS		2.1		**************************************	011-150,00
THE NAME SIREE! ADDRESS CITY-SI-ZIP	FORT LAUDERDALE, FL 33334						and the state of
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			,1g°	DO	NOT W	RITE	के स्वयं केंद्र संबंध । अ
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· , , , ,	: IN 7	THIS SP	ACE	A Company
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ere e e			

12. I hereby certify that the information supplied with this filing goes 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 ficure 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 empewered 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 at other like empowered.

SIGNATURE:X

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08 954 543 3004