FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2007 8:00 am Secretary of State

| DOCUMENT # P060000948% \ 1. Entity Name | | | | | 03-29-2007 90031 026 | ***150.00 |
|--|--|--|---------------------------|----------------------------------|--|--|
| DO NOT WRITE IN THIS SPACE | | | | | V | |
| 2. Principal Place of Business | | 3. Mailing Address | | | 40044875 | |
| 5213 BASCO COURT Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | |
| City & State ELKTON, FL | | City & State | | 4. FEI Number 20-5283521 | Applied For | |
| Zip 32033 | Country | Zip | Co | ountry | 5. Certificate of Status Desired | Not Applicable \$8.75 Additional Fee Required |
| | | | Province | | le and Address of Current Regis | <u>.</u> |
| | | | | Name HAISLIP, GE | ORGE D. | |
| 【 1000 中国 1000 | na ranga kabupatan dalah d | Street Address (P.O. Box Number is Not Acceptable) 5213 BASCO COURT | | | | |
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| | | al de la comparticación de La comparticación de la co | | City ELKTON | FL | Zip Code 32033 |
| State of Florida. I | am familiar with, an | d accept the obligation | ns of r | changing its r egistered agen | egistered office or registered agent t. stered Agent signature required when reinstat | , or both, in the |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | | | DIG. (NOTE. Negla | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees |
| TITLE | OFFICERS AI | ND DIRECTORS | 11. | TLE | | antiat |
| NAME | HAISLIP, GEORGE | D. | 7161 (481) 184 1 April 1 | ME | CTAN Highland | |
| STREET ADDRESS | 5213 BASCO COUI | | \$31,510 to 100 | REET ADDRES | | |
| CITY-ST-ZIP TITLE | ELKTON, FL 32033 | | | TY-ST-ZIP TLE | | Zestado e o locado en 160. A secolo de esta en 180 esta esta esta en 180 est |
| NAME STREET ADDRESS | HAISLIP, CHRISTIN 450-106 SR 13 NOI | RTH #135 | ST | ME TREET ADDRES | S C C C C C C C C C C C C C C C C C C C | 100 (100 (100 (100 (100 (100 (100 (100 |
| CITY-ST-ZIP TITLE | JACKSONVILLE, F | L 32259 | | TY-ST-ZIP | Harris Petrologis sales Petrologis | |
| NAME STREET ADDRESS | | | N/ si | AME REET ADDRES | s DO NOT W | BITE |
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| NAME | • | | A . (8) | AME | IN THIS SE | ACE |
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| NAME | | | 11 (11) | AME | | |
| STREET ADDRESS CITY-ST-ZIP | | | 1 4 4 7 7 1 | TREET ADDRES TY-ST-ZIP | A company of the control of the cont | ar Maria 1 - 1 to 1 to 1 to 2 to 2 to 2 to 2 to 2 to |
| 12. I hereby certify that to | | | alify for | the exemption st | ated in Section 119.07(3)(i), Florida Statu | |
| i certify that the inform | nation indicated on this re | eport or supplemental repo | ort is tru | e and accurate a | nd 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DE

3-14-07

904 824-0249

Daytime Phone #