## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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## May 14, 2007 8:00 am Secretary of State 05-14-2007 90092 041 \*\*\*150.00 DOCUMENT # P06000134451 1. Entity Name E-Z WELD, INC. Principal Place of Business 40113160 Mailing Address 1661 OLD DIXIE HIGHWAY 18330 SUTTER BLVD. RIVIERA BEACH, FL 33404 MORGAN HILL, CA 95037 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 CR2E034 (12/06) 4. FEI Number City & State City & State Applied For 20-5781740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZERFOSS, DAVID Street Address (P.O. Box Number is Not Acceptable) 1661 OLD DIXIE HIGHWAY RIVIERA BEACH, FL 33404 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change 🔀 Addition TITLE Delete TITLE NAME NAME pave zerfoss 102 Lakeside Drive STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ficer Sim Caviglia NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP organ Hill. UA 95037 TITLE ☐ Delete TITLE ☐ Change \* Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE X Addition ☐ Channe 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-77P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS 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