2008 FOR PROFIT CORPORATION

Apr 21, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000142541 04-21-2008 90092 034 ***150.00 GEMCON MANUFACTURING, INC. Principal Place of Business Mailing Address 6751 N. FEDERAL HIGHWAY 6751 N. FEDERAL HIGHWAY 302 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01222008 Chg-P Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEMBALA, DAVID Street Address (P.O. Box Number is Not Acceptable) 6751 N. FEDERAL HIGHWAY 302 BOCA RATON, FL 33487 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 \$5.00 May Be 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. P.D TITLE ☐ Change Addition TITLE Delete GEMBALA, DAVID NAME NAME 6751 N. FEDERAL HIGHWAY, STE, 302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP TITLE T.S □ Delete TITLE ☐ Change Addition GEMBALA, HENRY NAME NAME STREET ADDRESS 6751 N. FEDERAL HIGHWAY, STE. 302 STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition GEMBALA, HENRY NAME NAME STREET ADDRESS 6751 N. FEDERAL HIGHWAY, STE. 302 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-7(P

SIGNATURE SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED