2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

May 05, 2008 8:00 am Secretary of State 05-05-2008 90225 004 ***550.00 **DOCUMENT # P07000000613** 1. Entity Name UNITED CUSTOM FABRICATING, INC. Principal Place of Business Mailing Address 2475 CLARK STREET 2475 CLARK STREET APOPKA, FL 32703 APOPKA, FL 32703 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 208137795 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \square . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADDONIZO, ROBERT G Street Address (P.O. Box Number is Not Acceptable) 2475 CLARK STREET APOPKA,, FL 32703 City Zip Code 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 \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE Change Addition ADDONIZIO, ROBERT G NAME NAME STREET ADDRESS 2475 CLARK STREET STREET ADDRESS City-St-7IP APOPKA, FL 32703 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition DALBOW, ERIK NAME NAME 6424 CREATMONT GLEN LN STREET ADDRESS STREET ADORESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE HENRY, CURTIS NAME NAME 1509 ACROPOLIS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition 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 properties.

ICER OR DIRECTOR

FILED

407-294-1912