2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

Perceptal Place of Business	DOCUMENT # P0700052906 1. Entity Name A-1 REINFORCEMENTS INC.					04-28-2008	_		
VERO BEACH, FL 32968	Principal Place of Business	Mailing Address	, l		_				
Suite, Apt. #, etc.			968	;,				ra 1811a 84174 A17	
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E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERS, DARRELL 225 31ST AVE SW VERO BEACH, FL 32968 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 orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigotions of registered agent, or both, in the State of Florida. I am famil	City & State	City & State				89862	76	<u> </u>	·
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8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed in priving name of representations agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed in priving name of representations agent agent. Signature typed in priving name of representations agent agent. Signature typed in priving name of representations agent agent. Signature typed in priving name of representations agent agent. Signature typed in priving name of representations agent agen	225 31ST AVE SW		Street	t Address (P.O. Box Number	is Not Acceptable	9)		
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CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this condition and property is true and accurate and that my signature shall have the same legal effect as it made under path; that I am an officer or director.	TITLE DP NAME PETERS, DARRELL STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 TITLE DVP NAME PETERS, SANDRA STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 TITLE DVP NAME PETERS, SANDRA 225 31ST AVE SW VERO BEACH, FL 32968 TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRECTORS Delete Delete Delete Delete	11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	SS	led to Fees	HANGES TO OFF	CERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Horida 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 23,2008 772-528-143.