2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 08:00 AM DOCUMENT # P92000003775 Secretary of State SUNBELT METALS & MANUFACTURING, INC. Principal Place of Business Mailing Address 920 S. BRADSHAW RD. 920 S. BRADSHAW RD. APOPKA, FL 32703 APOPKA, FL 32703 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3150554 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARBIN, KEVIN P DO NOT WRITE 920 S. BRADSHAW RD. APOPKA, FL 32703 IN THIS SPACE 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 typed or printed name of registered agent and title if applicable DATE (NOTE: Recustered Accept secreture recurred when recustation) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HARBIN, KEVIN P STREET ADDRESS 1021 CAVERN DRIVE U00000621635 02/12/07-80024-023 158.75 CITY-ST-ZIP APOPKA, FL 32712 TITLE HARBIN. CHRISTOPHER A 20129 Fairvista Dr. NAME APOPKA, FL. 32712 CITY-ST-ZIP owares FL 32718 TITLE NAME HARBIN, BILLY R STREET ADDRESS 539 TABATHA DR. DO NOT WRITE CITY-ST-ZIP OSTEEN, FL 32764 TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby 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 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 anyacidess, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

IITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

31/2007

407/889-8960

FILED